

Case Number:	CM13-0027380		
Date Assigned:	12/18/2013	Date of Injury:	08/12/1994
Decision Date:	01/30/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 50-year-old female who sustained a work-related injury on 08/12/1994. The patient's diagnoses include chronic pain syndrome, back pain, lumbar postlaminectomy syndrome, lumbar radiculopathy, and depression. Subjectively, the patient reported axial back pain. Physical examination revealed decreased range of motion, tenderness to palpation, positive straight leg raise, depressed deep tendon reflexes, decreased muscle strength, and decreased sensation to light touch. The treatment plan indicated that the patient's medication regimen was providing decreased pain and increased function.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bilateral fifth lumbar transforaminal epidural steroid injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California MTUS Guidelines for epidural steroid injections state that "radiculopathy must be documented on physical exam, corroborated by imaging studies and/or electrodiagnostic testing, and should be initially unresponsive to conservative treatment." While

the clinical information submitted for review documented objective findings suggestive of radiculopathy, there is no imaging study or electrodiagnostic test to support the diagnosis. Additionally, there is lack of documentation of failed conservative care, as the patient reported significant pain relief with medication use. Therefore, based on the lack of documentation that supports the criteria for the use of epidural steroid injections, the request for bilateral fifth lumbar transforaminal epidural steroid injection is non-certified.