

Case Number:	CM13-0031486		
Date Assigned:	12/04/2013	Date of Injury:	08/04/2010
Decision Date:	01/15/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/03/2013

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 44 year old female who reported injury on 08/04/2010. The mechanism of injury was stated to be the patient slipped on a pencil. The patient had pain radiating to the right foot, with a positive straight leg raise with radiation of pain on the right. Reflexes were noted to be decreased on the right. The diagnosis were noted to include radiculopathy thoracic or lumbosacral, failed back surgery syndrome lumbar, chronic pain due to trauma, spondylosis lumbar without myelopathy, myalgia, and myositis unspecified and degenerative disc disease lumbar. The request was made for a transforaminal lumbar epidural steroid injection at L3 under fluoroscopy and IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injection at L3 under fluoroscopy and IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG, Low Back, ESI

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

Decision rationale: California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. Clinical documentation submitted for review indicated that the patient had radicular complaints and objective findings to support the patient had radiculopathy, however, there was a lack of official corroboration of radiculopathy findings. Per the physician's note the patient had nerve root irritation per the EMG/NCV, however an official copy was not provided for this review. It was noted the patient had a previous epidural, however that was documented to be at the level of S1. Additionally, there is a lack of documentation indicating the necessity for IV sedation. Given the above, the request for transforaminal lumbar epidural steroid injection at L3 under fluoroscopy and IV sedation is not medically necessary.