

Case Number:	CM13-0031733		
Date Assigned:	12/27/2013	Date of Injury:	04/02/2012
Decision Date:	03/10/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/04/2013

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 and Rehabilitation has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in 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 62-year-old male who reported a work-related injury on 04/02/2012. The specific mechanism of injury was not stated. The patient presents for treatment of lumbar spine pain. MRI of the lumbar spine dated 08/17/2012 signed by [REDACTED] revealed lumbar spondylosis worse at L4-5 where spinal stenosis and bilateral neural foraminal narrowing are present. The clinical note dated 09/13/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents upon physical exam of the patient, straight leg testing was moderately positive on the left, negative to the right. The patient had some trace left ankle dorsiflexor weakness, remaining motor testing was normal, reflexes were diminished and symmetrical. The provider recommended the patient undergo injection therapy at the L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Lumbar Epidural Steroid Injection to the L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The current request is not supported. Chronic Pain Medical Treatment Guidelines indicates radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. A review of the MRI of the patient's lumbar spine did not evidence any nerve root compression at the level for the requested injection therapy. In addition, the clinical notes lacked documentation of the patient's exhaustion of other lower levels of conservative treatment recently utilized for his lumbar spine pain complaints such as any physical therapy interventions or medication regimen or other active treatment modalities. Given the above, the request for Lumbar Epidural Steroid Injection L4-5 is neither medically necessary nor appropriate.