

Case Number:	CM13-0031899		
Date Assigned:	02/03/2014	Date of Injury:	08/23/2010
Decision Date:	08/21/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational 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 expert 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 52 year old female worker injured her knee when she tripped and fell at work on 08/23/2013. She developed lower back pain about three months later. The back pain spreads to her thigh. It is not associated with numbness, tingling, weakness or changes in bowel or bladder movement. The pain is a constant severe pain that is worsened by changes in posture, but not worsened by coughing and sneezing. On examination, she is noted to walk with a limp, has limited range of motion in all planes; weakness in her feet, sensory loss in the right thigh and left calf. She is able to walk on her toes and heels. She has positive straight leg raise both legs. She is tender in her lower back. MRI showed herniated discs at L2-3, L4-5, L5-S1. An agreed Medical Examiner supported the earlier request for MRI and nerve studies. The nerve studies was found to be essentially normal, while the MRI showed foraminal herniation in L2-3, and disc herniation in L5-S1. She has been diagnosed of Sprain of the ankle, somato dysfunction upper extremity, sprain lumbar region, Lumbar disc displacement. Her doctor's request for Transforaminal injection on the right at L2-3 of the Lumbar spine, Epidural steroid injection on left L5-S1 has been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL INJECTION ON THE RIGHT L2-L3 OF THE LUMBAR SPINE,;
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: Neither the MRI nor the Nerve studies confirmed the presence of Radiculopathy. MTUS does not support the use of steroid injections, (epidural or transforaminal blocks) except there is clinically diagnosed radiculopathy confirmed by either MRI or by Nerve studies.

EPIDURAL INJECTION ON THE LEFT L5-S1 OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: Neither the MRI nor the Nerve studies confirmed the presence of Radiculopathy. MTUS does not support the use of steroid injections, (epidural or transforaminal blocks) except there is a documented radiculopathy confirmed by either MRI or by Nerve studies.