

Case Number:	CM13-0033101		
Date Assigned:	12/06/2013	Date of Injury:	07/07/2011
Decision Date:	03/18/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/09/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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.

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 45-year-old male who was injured on July 7, 2011. The patient initially experienced right knee pain. He injured his back in September of 2011. The patient continued to experience lower back pain radiating down right leg. Physical examination showed 5/5 muscle strength except for the EHL which was 4/5 and decrease sensation to light touch in the right L5 distribution. MRI of the lumbar spine done on 8/17/2012 showed mild bilateral neural foraminal narrowing and moderate canal stenosis at L3-4, 2 mm posterior disc bulge with mild to moderate bilateral neural foraminal narrowing and severe canal stenosis at L4-5 and mild bilateral neural foraminal narrowing and moderate canal stenosis at L5-S1. EMG/NCS studies showed evidence of chronic radiculopathy of the L5 myotome and normal NCS of bilateral legs. Request for authorization for two lumbar epidural steroid injections at L3-4 and L4-5 was submitted on September 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Lumbar Epidural Steroid Injections L3-4 and L4-5 x2: Upheld

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

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

Decision rationale: In this case the documentation for radiculopathy is not sufficient. Sensory function testing is to light touch only. Sensation to pinprick is not tested. MRI does not corroborate the radiculopathy as there is no documented nerve root impingement. Medical necessity has not been established.