

Case Number:	CM13-0033286		
Date Assigned:	12/06/2013	Date of Injury:	02/11/2009
Decision Date:	03/26/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/09/2013

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 Orthopedic Surgery and is licensed to practice in New York. 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:

This patient has a history of lumbar burst fracture at L4 with retropulsion and severe canal stenosis sustained on February 11, 2009. The patient had decompressive and fusion surgery and subsequent removal of the hardware surgery. The patient continues to have muscle tenderness and stiffness. Physical examination reveals tenderness about the hips with decreased lumbar range of motion in painful lumbar range of motion. There is tenderness to palpation the lumbar spine with a well-healed scar. There is pain to light touch at the ball left foot. Deep tendon reflexes are present at the knees and ankles. MRI imaging from September 2013 reveals L3-S1 laminectomy with interbody fusion plugs from L3-S1. The MRI did not document foraminal encroachment at any level. At issue is whether the L4 transforaminal epidural steroid injections are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 46.

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

Decision rationale: This patient does not meet the established criteria for a lumbar epidural steroid injection. Specifically, the physical examination does not document radiculopathy that is correlated with specific nerve root compression on imaging studies. The patient has had multiple surgeries on the lumbar spine to include fusion decompression and removal of hardware. Specific radiculopathy correlated with compression on an imaging study is not present. The patient's MRI does not document nerve root compression or foraminal narrowing at any level. Therefore, the requested right L4 transforaminal epidural steroid injection is not medically necessary or appropriate.