

Case Number:	CM13-0034108		
Date Assigned:	12/06/2013	Date of Injury:	01/24/2013
Decision Date:	04/09/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

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 Pain Management and is licensed to practice in California. 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:

This is a female patient with the date of injury of October 2, 2013. A utilization review determination dated October 15, 2013 recommends non-certification of lumbar spine, right L4, L5 selective nerve root blocks. The previous reviewing physician recommended non-certification of lumbar spine, right L4, L5 selective nerve root blocks, due to lack of documentation of radiculopathy by physical examination that was corroborated by imaging studies or electrodiagnostic testing. A Progress Report dated September 27, 2013 identifies that the patient is suffering an exacerbation of symptoms, with increasing pain in the back and increasing pain down the right leg. A physical examination identifies tenderness to palpation of the right lumbosacral junction. The facet stress maneuvers are mildly positive. Impression identifies right L5 and L4 radicular symptoms, L5-S1 anteroposterior fusion secondary to spondylolisthesis with residual foraminal stenosis. The plan/discussion identifies that she has failed conservative treatment, including physical therapy and medication management. There is evidence that transforaminal epidural injection is medically necessary. An electromyography/nerve conduction study (EMG/NCS) Evaluation Report, dated August 22, 2013 identifies a normal examination. A CT Myelogram of the lumbar spine, dated May 30, 2013 identifies status post fusion at L5-S1. The central canal is patent

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION, ANESTHETIC AGENT; PARAVERTEBRAL NERVE (THORACIC, LUMBAR, SACRAL, COCCYGEAL), SINGLE VERTEBRAL LEVEL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, failure of conservative treatment, and corroborating imaging or electrodiagnostic studies. Within the documentation available for review, there is no documentation of positive physical exam findings. The submitted electrodiagnostic study and CT myelogram did not corroborate radiculopathy. In the absence of such documentation, the currently requested injection is not medically necessary.