

Case Number:	CM13-0035314		
Date Assigned:	12/13/2013	Date of Injury:	11/22/2010
Decision Date:	02/27/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/16/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 37-year-old male who reported an injury on 11/22/2010 due to picking up a table causing injury to his low back. The patient underwent an electrodiagnostic study that revealed no abnormalities. The patient underwent an MRI that revealed diffuse disc bulge with narrowing of the anterior thecal sac. Prior treatments have included medications and physical therapy. The patient also received an epidural steroid injection on 05/02/2013. The patient's most recent physical findings included a positive straight leg raising test bilaterally, and restricted range of motion of the lumbar spine described as 40 degrees in flexion, 10 degrees in extension, and 10 degrees in right and left lateral tilt and right and left lateral rotation. The patient's diagnoses included a lumbar chronic sprain/strain with disc herniation at the L5-S1 with radiculopathy bilaterally, anxiety and depression, insomnia, and sexual dysfunction. The patient's treatment plan included continued medications and a transforaminal epidural steroid injection at the L4-5 and L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective L4-5, L5-S1, and L1 transforaminal right epidural steroid injections (ESIs) under fluoroscopy for DOS 5/2/2013: 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 Page(s): 46.

Decision rationale: The retrospective request for epidural steroid injection on 05/02/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does include an MRI that provides pathology consistent with radiculopathy. The California Medical Treatment and Utilization Schedule recommends epidural steroid injections for patients who have documented physical findings of radiculopathy in specific dermatomes correlated by an imaging study that has been non-responsive to conservative treatment. The clinical documentation submitted for review does provide evidence that the patient has failed to respond to medications and physical therapy. Additionally, the MRI does provide evidence of thecal sac impingement at the requested level. However, the physical exam findings prior to the epidural steroid injection did not provide any evidence of specific dermatomal disturbances to support the need for an epidural steroid injection. As such, the requested retrospective L4-5, L5-S1, and L1 transforaminal right epidural steroid injections (ESIs) under fluoroscopy for DOS 5/2/2013 is not medically necessary or appropriate.