

Case Number:	CM13-0036239		
Date Assigned:	12/13/2013	Date of Injury:	10/26/2000
Decision Date:	02/12/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/18/2013

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 Orthopedic Surgery; 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.

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 67-year-old gentleman who was injured in a work related accident on 10/26/00. He sustained an injury to the low back. Recent clinical records indicate a prior MRI of the lumbar spine from 09/23/13 that showed the L4-5 level to be with moderate disc height loss, disc osteophyte complex, and facet changes resulting in moderate right neuroforaminal narrowing. The left neural foramen was noted to be patent. The L5-S1 level was noted to be with disc osteophyte complex with patent right neural foramina with moderate to severe left sided neuroforaminal narrowing. Most recent clinical assessment for review is a 09/26/13 assessment the patient was noted to be with continued complaints of discomfort and after review of MRI scan. Without documentation of physical examination findings, authorization for a L4-5 bilateral transforaminal epidural steroid injection was recommended. Previous assessment dated 05/22/13 indicated a positive straight leg raise with lower extremity pain. Recent forms of treatment are otherwise not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal selective nerve root block at L4-L5 bilaterally under fluotoscopy: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, a bilateral L4-5 transforaminal epidural injection would not be indicated. At present, the claimant's clinical presentation does not provide physical examination findings that would correlate with the requested level of injection. Guideline criteria clearly indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The specific request in this case would fail to meet guideline necessity based on clinical records available for review.