

Case Number:	CM13-0040538		
Date Assigned:	12/20/2013	Date of Injury:	12/08/2011
Decision Date:	02/25/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/29/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 57 year-old male train operator for [REDACTED], who was injured on 12/08/2011 when he was going to sit down, but a coworker moved his chair and he fell on his buttocks. He has been diagnosed with lumbago; lumbar/lumbosacral disc degeneration; and thoracic/lumbosacral neuritis/radiculitis. He is reported to have prior history of hypothyroidism; hyperlipidemia; avascular necrosis, right hip, left hip arthritis and congenital spinal stenosis in the lumbar region. The IMR application shows a dispute with the 10/7/13 UR decision, which was from [REDACTED] and recommended non-certification of a left L5/S1 interlaminar ESI because they did not have the lumbar MRI report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 Interlaminar epidural steroid injections under Fluoroscopy: Upheld

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

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

Decision rationale: According to the 9/24/13 report from [REDACTED], the patient presents with low back pain radiating down the left lower extremity, and left hip>right hip pain. He has tried medications, activity modification and therapy. He was able to return to work in 2012 following a SNRB, but then in April 2013 re-injured himself from bending over. On examination, there was decreased sensation to light touch and vibration over the left L5 dermatome; weakness in the left EHL, and decreased patellar and Achilles reflexes. [REDACTED] reports that the AME, [REDACTED] on 4/23/13 recommended an LESI at L3/4 or L5/S1. UR had delayed authorization of the ESI because they did not have the MRI report. The MRI report was not available for this IMR, however, [REDACTED] did review the 9/9/13 MRI of the lumbar spine, and states there is disc degeneration at L4/5, more to the right, and at L5/S1 more on the left. The findings at the left L5/S1 region appears to be consistent with [REDACTED] physical examination findings. The L5/S1 ESI appears to be in accordance with MTUS guidelines.