

Case Number:	CM13-0041418		
Date Assigned:	12/20/2013	Date of Injury:	08/15/2012
Decision Date:	04/21/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/14/2013

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 Physical Medicine and 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 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 is a 66 year-old female who was injured on 8/15/12. She has been diagnosed with chronic HNP at L4/5 and minimal DDD with central canal stenosis. According to the 10/15/13 neurosurgery report from [REDACTED], the patient continues with low back pain, no worse, no better, she denies leg pain or numbness. On exam, sensory is intact, motor is 5/5, SLR is reported as positive at 80 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3-4, L4-5 TRANSFORAMINAL BLOCKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid inject.

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

Decision rationale: The patient presents with chronic low back pain and denies radiating symptoms down the legs, no numbness or tingling. There are no MRI reports provided for this IMR, but the physician notes the 2012 MRI showed significant central canal stenosis at L4/5 and L3/4. He feels the patient might benefit from bilateral L3/4 and L4/5 TFESIs. MTUS states

epidural steroid injections are: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). " MTUS gives specific criteria for epidural steroid injections, the first item is: " Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The available records did not report a dermatomal distribution of pain. There were no exam findings of any neurologic deficits following a dermatomal or any specific radicular pattern. The MTUS criteria for an ESI has not been met.