

Case Number:	CM13-0042431		
Date Assigned:	06/20/2014	Date of Injury:	04/19/2006
Decision Date:	08/05/2014	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 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 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:

The injured worker is a 52-year-old male who reported an injury on 04/19/2006 due to an unknown mechanism of injury. The injured worker complained of constant sharp, and achy low back pain that radiated down to his lower extremities. He rates his pain at a 4/10 with medications and an 8/10 without medications. He has numbness in his bilateral feet and anterior right thigh. On 10/02/2013, the physical examination revealed tenderness to palpation in the lumbar region bilaterally. He had limited range of motion with forward flexion at 20 degrees, extension at 0 degrees, and positive dural tension signs on the left, negative on the right. His sensory and motor strength are intact. On 02/15/2013, the MRI of the lumbar spine revealed moderate spinal canal stenosis at the L3-4 level. There was degenerative spondylosis at L3-4, L4-5, and L5-S1. At L5-S1, there is a right lateral disc osteophyte complex causing moderate right-sided neural foraminal narrowing. The injured worker had a diagnosis of low back and bilateral leg pain. There is no documentation of past conservative treatment. The current treatment plan is for bilateral transforaminal lumbar S1 to be done at Pain Diagnostic Treatment Center. The rationale was not submitted for review. The Request for Authorization Form was dated 10/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral transforaminal lumbar S1 to be done at [REDACTED]: 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 Injection (ESIs) Page(s): 46.

Decision rationale: The injured worker has a history of low back pain and bilateral leg pain. The MTUS Chronic Pain Guidelines recommend epidural steroid injections for injured workers with radiculopathy documented on physical examination and corroborated on MRI. The guidelines also recommend that the injured worker be initially unresponsive to conservative care. There was no documentation of conservative care. There was no evidence of neurological deficits. Due to a lack of documentation, the request is not medically supported at this time.