

Case Number:	CM13-0042625		
Date Assigned:	01/03/2014	Date of Injury:	01/05/2004
Decision Date:	03/19/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 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 50 year-old male sustained an injury on 1/5/04 while employed by [REDACTED]. The request under consideration includes one right sided l5-s1 transforaminal epidural steroid injection between 9/20/2013 and 12/20/2013. The report of 9/26/13 from provider noted patient with chronic low back pain, stiffness, and radicular symptoms to right leg. The exam showed moderately-severe kyphoscoliosis, tenderness, decreased range in thoracic and lumbar regions, right leg spasticity, muscle spasm, weakness, and ambulation with use of cane. The diagnoses included chronic back pain, s/p spine reconstructive surgery, radicular symptoms and spasticity in right leg. MRI of 8/15/13 showed neural impingement at right L5 exiting nerve root. The request for LESI was non-certified on 10/22/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right sided L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section Page(s): 46.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any radicular symptoms with correlating neurological deficits of specific dermatomal or myotomal level to support the epidural injections. Criteria for the epidurals have not been met or established. The request for one right sided l5-s1 transforaminal epidural steroid injection is not medically necessary and appropriate.

CT guidance for the injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.