

Case Number:	CM13-0044193		
Date Assigned:	12/27/2013	Date of Injury:	04/02/1980
Decision Date:	02/18/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/28/2013

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, has a subspecialty in Pain Management 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 male patient with a date of injury of 4/2/80. A utilization review determination dated 10/2/13 recommends non-certification of transforaminal ESI right L1-2 and left L4-5. A progress report dated 11/28/13 identifies subjective complaints including 70% improvement of his low back pain after facet injections. Objective examination findings identify limited ROM and paravertebral tenderness, facet loading maneuver did increase pain in the cervical and lumbar facets. Decreased strength and sensation was noted, but no myotomal/dermatomal distributions were specified. Diagnoses include degeneration of lumbar or lumbosacral intervertebral disc. Treatment plan recommends epidural and facet injections as the surgery would be extensive per the spine surgeon's notes and the patient benefits from injections. Lumbar spine MRI dated 9/12/13 identifies an extruded disc fragment at L1-2 resulting in marked right lateral recess stenosis and neural foraminal stenosis, with correlation for right-sided L1 and L2 radiculopathy symptoms recommended. At L4-5, there was moderate to marked left-sided neural foraminal stenosis without central spinal stenosis, and correlation for left-sided L4 radiculopathy was recommended

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal ESI right L1-2 and left L4-5: 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 Injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for transforaminal ESI right L1-2 and left L4-5, California MTUS cites that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there is documentation of significant MRI findings, but the patient's physical examination findings do not clinically corroborate the presence of radiculopathy. In the absence of such documentation, the currently requested transforaminal ESI right L1-2 and left L4-5 is not medically necessary.