

Case Number:	CM13-0045420		
Date Assigned:	12/27/2013	Date of Injury:	08/13/2011
Decision Date:	03/07/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 Family Practice, and is licensed to practice in Texas. 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:

The patient is a 33-year-old male who reported an injury on 08/13/2011. The patient is diagnosed with low back pain with bilateral lower extremity radicular symptoms. The patient was seen by [REDACTED] on 10/01/2013. The patient reported ongoing lower back pain. Physical examination revealed limited lumbar range of motion, tightness, stiffness, tenderness to palpation, positive facet tenderness, trigger points with spasm in the lumbar paravertebral muscles, diminished reflexes bilaterally, and diminished sensation to light touch at the right L4, L5, and S1 nerve distributions. Treatment recommendations include an L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal epidural steroid injection at L5-S1: Upheld

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

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

Decision rationale: MTUS Chronic Pain Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented

by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, the patient's physical examination does reveal decreased range of motion, tenderness to palpation, diminished sensation, diminished reflexes, and positive straight leg raising. The patient has undergone an electromyography study, which indicated chronic L5 denervation on the right. There is evidence upon physical examination and electrodiagnostic studies of right L5 radiculopathy. However, the diagnosis of S1 radiculopathy is not supported. Therefore, the request for a transforaminal epidural steroid injection at L5 and S1 is not medically necessary and appropriate