

Case Number:	CM13-0045756		
Date Assigned:	12/27/2013	Date of Injury:	08/15/2008
Decision Date:	03/20/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/30/2013

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 & 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 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 reported date of injury on 08/15/08. The listed diagnosis per [REDACTED] dated 09/19/13 is lumbago. According to progress report 09/19/13 by [REDACTED] shows patient complains of neck, low back and right lower extremity pain. He rates his pain 7/10. Objective findings show patient ambulates without a device, gait is normal. Positive straight leg rise bilaterally. Decreased sensation to light touch left lateral thigh and right lateral calf. The physician is requesting bilateral transforaminal ESI for L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for bilateral L5 TFESI: 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 Chronic Pain Medical Treatment Guidelines Page(s): 46-47.

Decision rationale: This patient complains of chronic low back, neck and right lower extremity pain. The physician is requesting bilateral tranforaminal ESI for L5. MTUS guidelines page 46-47 states radiculopathy must be documented with physical examination and imaging studies.

Progress report dated 09/19/13 by [REDACTED] shows positive leg raise bilaterally, gait is normal, decreased sensation to light touch of left lateral thigh and right lateral calf. Unfortunately, review of 25 pages of reports does not show a report of an MRI, no reference to an imaging study and no mention of injection history. Documentation of radiculopathy requires imaging studies that explain radicular symptoms. Given the lack of clear diagnosis of radiculopathy that require corroborating imaging studies, recommendation is for denial.