

Case Number:	CM13-0045869		
Date Assigned:	12/27/2013	Date of Injury:	01/13/2011
Decision Date:	03/27/2014	UR Denial Date:	10/28/2013
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 62 year old female who reported an injury on 01/13/2011, after she fell from the tailgate of a pickup that reportedly caused injury to the left side of her body. The patient's treatment history included extensive chiropractic treatment, activity modifications and medications. The patient's most recent clinical evaluation documented that the patient had a negative straight leg raising test, no deep tendon reflex deficits, and no deficits in the dermatomal distributions. A request was made for physical therapy and an epidural steroid injection at the L5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal ESI L5-S1: Upheld

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

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

Decision rationale: The requested transforaminal epidural steroid injection of the L5-S1 level is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have radicular symptoms documented

upon physical examination corroborated by an imaging study that have failed to respond to conservative treatments. The clinical documentation submitted for review does allude to an MRI that the patient previously underwent. However, an independent evaluation of this MRI was not provided for review. Additionally, the patient's most recent clinical documentation does not provide any evidence of radicular symptoms that would respond to an epidural steroid injection. The clinical documentation also indicates that the patient is recommended to participate in physical therapy. The efficacy of that therapy would need to be established before determining the need of an epidural steroid injection. As such, the requested transforaminal epidural steroid injection at the L5-S1 is not medically necessary or appropriate.