

Case Number:	CM13-0046586		
Date Assigned:	01/10/2014	Date of Injury:	01/10/1999
Decision Date:	03/31/2014	UR Denial Date:	11/04/2013
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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 37-year-old female who reported an injury on 01/10/1999. The patient was noted to participate in physical therapy. The mechanism of injury was not provided. The physical examination of 06/12/2013 revealed the patient had decreased flexion in the lumbar and cervical region. The patient had a straight leg raise that was positive bilaterally at 40 degrees, causing back pain. The patellar and Achilles reflexes were 2+ with toes down-going. The patient indicated a 15% increase in back pain and left leg pain. It was indicated the patient would require a left L4-5 transforaminal epidural steroid injection for diagnostic as well as therapeutic purposes to reduce discogenic pain. The patient's diagnoses were noted to include lumbar displaced intervertebral disc HNP and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection..

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

Decision rationale: California MTUS Guidelines indicate that an epidural steroid injection is appropriate treatment for patients who have documentation of objective findings upon physical examination of radiculopathy and are corroborated by imaging studies and/or electrodiagnostic testing and that are initially unresponsive to conservative treatment. Clinical documentation submitted for review failed to provide the patient had specific myotomal and dermatomal findings to support findings of radiculopathy upon objective physical examination and a lack of an official MRI for the lumbar spine to support corroboration by imaging studies. There was lack of documentation indicating the patient was initially unresponsive to conservative treatment and the physician indicated that the patient would require additional sessions of functionally oriented physical therapy to restore spinal range of motion and strength. Additionally, the request as submitted failed to indicate the level and laterality for the injection. Given the above, the request for a lumbar epidural steroid injection is not medically necessary.