

Case Number:	CM13-0047489		
Date Assigned:	01/10/2014	Date of Injury:	10/10/1988
Decision Date:	03/28/2014	UR Denial Date:	10/13/2013
Priority:	Standard	Application Received:	11/03/2013

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 68-year-old female who reported an injury on 10/10/1988. The mechanism of injury is not specifically stated. The patient is currently diagnosed with degenerative spondylolisthesis at L3-4, stenosis at L3-4, and fusion at L4 through S1. The patient was seen by [REDACTED] on 09/24/2013. The patient reported ongoing lower back pain with lower extremity pain. Physical examination revealed 4/5 motor strength in the bilateral lower extremities and intact sensation. Treatment recommendations included continuation of Nortriptyline and a selective nerve root block at L3.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) transforaminal epidural at right L3-4: 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 Criteria for Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, there is no evidence of radiculopathy upon

physical examination. There were no imaging studies or electrodiagnostic reports submitted for review. There is no documentation of a recent unresponsiveness to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. The patient has been previously treated with epidural steroid injections in the past. However, documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the injection was not provided. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

one (1) selective nerve root block at L3 on the right:

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 Criteria for Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, there is no evidence of radiculopathy upon physical examination. There were no imaging studies or electrodiagnostic reports submitted for review. There is no documentation of a recent unresponsiveness to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. The patient has been previously treated with epidural steroid injections in the past. However, documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the injection was not provided. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.