

Case Number:	CM13-0048657		
Date Assigned:	12/27/2013	Date of Injury:	06/12/2011
Decision Date:	03/06/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/06/2013

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 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 is a 42-year-old male who reported an injury on 06/12/2011. The mechanism of injury was stated to be the patient was walking in the men's room and slipped and fell. The patient was noted to have an MRI on 01/27/2012 which revealed the patient had an impingement on the left L5 nerve root. The patient was noted to have an EMG on 02/22/2012 which revealed the patient had a left L5-S1 lumbosacral radiculopathy with findings for ongoing cycle of denervation and reinnervation. The patient was noted to be status post lumbar decompression and fusion on 02/13/2013. The patient was noted to have a positive straight leg raise on the right hand side from a seated position and a Fabere's maneuver that caused the patient some pain. The patient's diagnosis was noted to be lumbago. The request was made for a transforaminal epidural steroid injection as right L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at right L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

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

Decision rationale: The California MTUS Guidelines indicate that the use of epidural steroid injections is for patients that have radiculopathy that is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The patient was noted to have numbness in the left side of the lower extremity going down into the buttocks. The patient was also noted to have a mildly positive straight leg raise off to the right hand side from a seated position. However, there was a lack of documentation indicating the patient had objective findings upon physical examination of right sided myotomal and dermatomal radiculopathy. There was a lack of documentation of corroboration by imaging studies and/or electrodiagnostic testing and there is a lack of documentation indicating that the patient was initially unresponsive to conservative treatment. Given the above, the request for transforaminal epidural steroid injection at right L4-L5 does not meet the guideline criteria. Therefore, the requested transforaminal epidural steroid injection at right L4-L5 is not medically necessary or appropriate at this time.