

Case Number:	CM13-0050081		
Date Assigned:	12/27/2013	Date of Injury:	03/21/2013
Decision Date:	02/25/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/08/2013

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:

This 59 year-old female sustained an injury on 3/21/13 while employed by [REDACTED], [REDACTED]. Requests under consideration include Transforaminal Epidural steroid injection (ESI) at L4-L5 and left L5-S1 with fluoroscopy. Diagnoses include lumbar strain; stenosis at L4-S1; lumbar radiculopathy; and lumbar degenerative disease. Report of 9/18/13 from [REDACTED] noted the patient complained of continuous back and left leg pain; some neck discomfort with occasional symptoms down arm. She is cleared for modified duty; however it not working. Pain level at 8/10 and she is taking ibuprofen. Lumbar exam showed sensation altered along S1 distribution on left side; mild pain with left hip rotation; otherwise 5/5 strength in quadriceps, tibialis anterior, EHL, gastroc-soleus and hamstring 4+/5. MRI of lumbar spine on 7/19/13 showed L4-L5 without central canal narrowing with mild left side neuroforaminal narrowing; At L5-S1 demonstrates degenerative disc disease with mild stenosis with right-sided lateral recess narrowing. Treatment noted the patient tried therapy and acupuncture treatment with continued symptoms with recommendation for epidurals and continue ibuprofen. Requests were non-certified on 10/30/13 citing guidelines criteria and lack of medical necessity. There is a report dated 5/17/13 from [REDACTED] identifying continued low back pain, denying of leg weakness, numbness or tingling. Exam showed intact neurological motor and sensory exam with negative SLR. The patient was provided PT and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection (ESI) at L4 L5: Overturned

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 Page(s): 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) which has been adequately demonstrated and evident from the updated submitted reports. The Epidural steroid injection (ESI) at L4 L5 and Transforaminal epidural steroid injection (TF-ESI) with fluoroscopy at the left L5-S1 are medically necessary and appropriate.

Transforaminal epidural steroid injection (TF-ESI) with fluoroscopy at the left L5-S1:
Overturned

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 Page(s): 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) which has been adequately demonstrated and evident from the updated submitted reports. The Epidural steroid injection (ESI) at L4 L5 and Transforaminal epidural steroid injection (TF-ESI) with fluoroscopy at the left L5-S1 are medically necessary and appropriate.