

Case Number:	CM13-0056718		
Date Assigned:	12/30/2013	Date of Injury:	05/26/2010
Decision Date:	05/06/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 injured worker is a 53-year-old male who reported an injury on 05/26/2010. The mechanism of injury was not provided. Current diagnoses include lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, occipital neuralgia, headaches, chronic pain, and umbilical hernia. The injured worker was evaluated on 11/13/2013. The injured worker reported 7/10 pain with medication. Physical examination revealed tenderness to palpation of the lumbar spine, decreased sensation along the L4 dermatome in the left lower extremity, positive straight leg raising, and painful range of motion of bilateral shoulders. Treatment recommendations at that time included an appeal request for a lumbar transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L3-5 TRANSFORAMINAL BLOCK: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the

documentation submitted, the injured worker's physical examination does reveal decreased sensation with positive straight leg raise. There is no evidence of lower extremity weakness. There is also no evidence of an exhaustion of recent conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants. There were also no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of lumbar radiculopathy. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.