

Case Number:	CM13-0057220		
Date Assigned:	12/30/2013	Date of Injury:	03/08/2012
Decision Date:	08/01/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/11/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 27-year-old gentleman who was reportedly injured in March 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated December 3, 2013, indicates that there are ongoing complaints of low back pain. Current medications include Norco which is taken three times per day. The physical examination demonstrated tenderness of the lumbar paraspinal muscles and decreased lumbar spine range of motion. There was a positive left-sided straight leg raise and decreased sensation at the left L5 dermatome. The treatment plan included lumbar epidural steroid injections and medication refills. Previous treatment has included seven chiropractic sessions, physical therapy, and a home exercise program. A request had been made for bilateral L5 - S1 transforaminal epidural steroid injections and was not certified in the pre-authorization process on November 14, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

A BILATERAL L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION:

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 Page(s): Page 46.

Decision rationale: The California MTUS allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the California MTUS guidelines. Specifically, there is no magnetic resonance image report that corroborates the injured employee's complaints and the physical examination findings. As such, the requested procedure is deemed not medically necessary.