

Case Number:	CM13-0057233		
Date Assigned:	12/30/2013	Date of Injury:	05/10/2011
Decision Date:	05/02/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

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 and 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 48-year-old female who reported an injury on 5/10/11. The mechanism of injury was not stated. The injured worker is diagnosed with L5-S1 annular tearing with disc protrusion, stenosis, right lower extremity radiculopathy, cervical strain, and right extensor tendonitis. The injured worker was evaluated on 11/1/13. The injured worker reported 7/10 lower back pain with right lower extremity radiation. Physical examination revealed lumbar paraspinal muscle tenderness, muscle spasm and guarding, decreased range of motion, 2+ bilateral and symmetrical reflexes, decreased sensation in the L5 dermatome on the right, and positive straight leg raising on the right. Treatment recommendations included a transforaminal epidural steroid injection at 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 RIGHT L4-L5: 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): 46.

Decision rationale: The California MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain, when used in conjunction with other rehabilitative efforts. As per the documentation submitted, the injured worker's physical examination reveals decreased sensation and positive straight leg raising on the right. However, there is no evidence of lower extremity weakness. There were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. There is also no mention of an exhaustion of conservative treatment including exercises, physical methods, NSAIDS and muscle relaxants. Based on the clinical information received and the California MTUS guidelines, the request is non-certified.