

Case Number:	CM13-0058014		
Date Assigned:	12/30/2013	Date of Injury:	01/21/2009
Decision Date:	06/03/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/26/2013

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 & Rehabilitation and is licensed to practice in Texas. 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 patient is a 55 year old female whose date of injury is 01/21/09. On this date the patient tripped and fell. An MRI of the lumbar spine dated 03/08/12 revealed at L3-4, disc protrusion that abuts thecal sac. Facet and ligamentum flavum hypertrophy is noted. There is spinal canal narrowing as well as bilateral neuroforaminal narrowing. At L4-5 there is a disc protrusion that abuts thecal sac. Facet and ligamentum flavum hypertrophy is noted. There is spinal canal narrowing as well as bilateral neuroforaminal narrowing. At L5-S1, grade 1 spondylolisthesis of L5; combined with a mild disc protrusion and facet hypertrophy there is spinal canal narrowing and bilateral neural foraminal narrowing. The patient is status post lumbar epidural steroid injection at L3-4 on 04/16/13 and left endoscopic carpal tunnel release on 06/24/13. A progress report dated 11/13/13 indicates that the patient presents for Synvisc #1 injection to the left knee. On physical examination range of motion of the left knee is 0-120 degrees. The patient is neurovascularly intact distally. Cervical and lumbar spines have 10% normal range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

SELECTIVE NERVE ROOT INFILTRATION LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 46.

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

Decision rationale: There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy as required by the MTUS Chronic Pain Guidelines. The patient underwent a prior epidural steroid injection in April 2013; however, the patient's objective functional response to this injection is not documented in the medical records provided for review. Additionally, the request is nonspecific and does not indicate the level/laterality to be performed. As such, the request is not medically necessary and appropriate.