

Case Number:	CM13-0058786		
Date Assigned:	12/30/2013	Date of Injury:	02/18/2013
Decision Date:	04/14/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/27/2013

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, has a subspecialty in Pain Medicine 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 28-year-old female who reported an injury on 02/18/2013. The mechanism of injury involved a fall. The patient is diagnosed with low back pain. The patient was seen by [REDACTED] on 07/18/2013. The patient reported ongoing 8/10 low back pain with right lower extremity symptoms. Physical examination revealed slightly diminished range of motion of the lumbar spine, 5/5 motor strength in bilateral lower extremities with the exception of tibialis anterior, and sensory deficits to light touch over the medial knee and anterior leg. Treatment recommendations included an L4-5 transforaminal epidural steroid injection. The patient underwent an MRI of the lumbar spine on 07/05/2013 which indicated mild bilateral facet arthropathy at L4-5 without any neural foraminal narrowing present.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L4-L5: Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, the patient's MRI of the lumbar spine indicated normal neural foramina at L4-5. There was no evidence of radiculopathy. There is also no documentation of unresponsiveness to recent conservative treatment including exercises, physical methods, NSAIDS, and muscle relaxants. There is no indication of this patient's active participation in a rehabilitation program. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.