

Case Number:	CM13-0060567		
Date Assigned:	12/30/2013	Date of Injury:	02/03/2006
Decision Date:	04/04/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 physician 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 66-year-old female who sustained an unspecified injury on 02/03/2006. The patient was evaluated on 12/03/2013 for persistent low back pain. The documentation submitted for review indicated the patient also had left lower extremity pain. The patient had noted tenderness to palpation on the left to the lumbar spine and sacroiliac joint. The patient's medications were noted as OxyContin 20 mg, metformin 3 times a day, amitriptyline 100 mg at bedtime as needed, Soma 350 mg 3 times a day, Lunesta 3 mg at bedtime as needed, Norco 10/325 six a day as needed, Rapaflo 8 mg, Welchol, MiraLAX, ASA 81 mg, clindamycin, and Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

transforaminal epidural steroid injection at left L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines recommend the use of epidural steroid injections with patients who have physical examination findings of radiculopathy that is corroborated with imaging studies. The documentation submitted for review did not indicate the patient had physical examination findings that correlated with radiculopathy. Furthermore, the documentation submitted for review did not include an imaging study to corroborate the finding of radiculopathy. It is additionally noted the guidelines state the patient must have been initially unresponsive to conservative treatment to include physical modalities. The documentation submitted for review did not indicate the patient had participated in physical therapy and the outcome of such therapy. Given the information submitted for review, the request for transforaminal epidural injection left L5-S1 is non-certified.