

Case Number:	CM13-0061880		
Date Assigned:	12/30/2013	Date of Injury:	06/08/2007
Decision Date:	05/27/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/05/2013

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 is licensed to practice in New Jersey, New York, and 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 57 year old female whose date of injury is 06/08/2007. The patient was involved in a motor vehicle accident. Lumbar MRI dated 02/08/12 revealed at L4-5 there is a circumferential disc bulge which in combination with facet joint hypertrophy results in moderate bilateral neural foraminal narrowing. No definite impingement of the L4 nerves at the neural foramina. There is no significant central canal stenosis. There is mild bilateral ligamentum flavum hypertrophy. Progress note dated 11/27/12 indicates that the patient complains of Final Determination Letter for IMR Case Number CM13-0061880 3 chronic low back pain. The patient's pain management doctor has requested additional injections. The note states that the patient was supposed to attend physical therapy, but this never occurred. EMG/NCV dated 07/09/13 revealed abnormal NCS with prolonged bilateral H reflex; this is not a specific finding and may be secondary to metabolic disorders versus prior low back injury versus S1 radiculopathy; normal EMG of the lower extremities. Evaluation dated 07/17/13 indicates that the patient was provided 13% whole person impairment. Note dated 09/12/13 indicates that the patient would benefit from a repeat lumbar epidural steroid injection. Physical examination on 09/24/13 indicates straight leg raising is negative. There is tenderness in the lumbar paraspinal muscles with no guarding. Physical examination on 10/03/13 indicates that straight leg raising causes low back pain only. Lumbar range of motion on 11/07/13 is decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) LEFT L4-5 TRANSFORMINAL EPIDURAL STEROID INJECTION: 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: Based on the clinical information provided, the request for 1 left L4-5 transforaminal epidural steroid injection is not recommended as medically necessary. There is no indication that the patient has undergone any recent active treatment. The patient's physical examination fails to establish the presence of active lumbar radiculopathy, and the submitted EMG is a normal study. CA MTUS guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. Additionally, note dated 09/12/13 indicates that the patient would benefit from a repeat lumbar epidural steroid injection; however, there is no information provided regarding a prior epidural steroid injection. The request for one (1) Left L4-5 transforaminal epidural steroid injection is not medically necessary