

Case Number:	CM13-0062353		
Date Assigned:	12/30/2013	Date of Injury:	04/29/2011
Decision Date:	06/12/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/06/2013

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 California. 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 48 year-old male who sustained an injury to his low back on 4/29/11 when the forklift he was driving was hit by another forklift. The patient was diagnosed with chronic lumbosacral strain and lumbar radiculopathy. A qualified medical examiner's report dated 7/3/13 reported that the patient had no ratable disability. A follow-up qualified medical evaluation dated 9/24/13 noted a documented review of video surveillance in which the patient was not utilizing a cane and had a normal gait pattern. The patient's treating physician opined that the patient did not require the use of a cane for ambulation in conjunction with the 4/19/11 injury. There was no clear cut outright documentation of reflex, sensory, or motor deficits on physical examination. There were no other reports from the treating provider available.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL EPIDURAL INJECTION UNDER FLUOROSCOPY: Overturned

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 states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing in order for an epidural steroid injection to be recommended. There is a lumbar MRI of this injured worker dated 2/17/13 that showed a 2.9mm disc protrusion at L5-S1 that creates bilateral neuroforaminal narrowing. Ligamentum flavum hypertrophy is also noted at multiple levels including L2-3, L3-4, and L4-5. The patient has been treated with conservative care, including topical medications, NSAIDs, muscle relaxants, and Ultracet. The patient has undergone physiotherapy, which included electrical stimulation and massage. In a note dated 1/14/13, there is documentation of positive straight leg raise on the left lower extremity at 60 degrees. Given these physical exam findings and imaging results, this request is medically necessary.