

Case Number:	CM13-0062548		
Date Assigned:	12/30/2013	Date of Injury:	05/25/2009
Decision Date:	04/07/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/06/2013

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 and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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 38 year old male who reported an injury on 05/25/2009 after a slip and fall. His diagnoses include chronic pain syndrome, post-surgical spine syndrome, chronic neuropathic limb pain, sciatica, and lumbago. He was seen on 10/30/2013 for complaints of continued back pain and bilateral lower extremity pain with pins and needle numbness. His pain was rated as 6-9/10. The exam reported lumbar flexion 20 degrees, extension zero degrees, lateral bend 10 degrees bilaterally, 5/5 motor strength, intact sensory, 2+ deep tendon reflexes, tenderness to touch at L4-S1 paraspinous muscles with spasm and sciatic notches, and negative straight leg raise. He was recommended an MRI to assess for new disc herniation and a bilateral L5-S1 transforaminal epidural injection to decrease pain and improve function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 transforaminal epidural injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS states epidural steroid injections may be an option if radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, in conjunction with documentation of failed outcomes from conservative treatments. The documentation submitted did not provide evidence of positive radicular symptoms or failed outcomes from conservative methods, including medications and physical therapies. As such, the request is non-certified.