

Case Number:	CM13-0066798		
Date Assigned:	01/03/2014	Date of Injury:	01/16/1997
Decision Date:	04/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/17/2013

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, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 60-year-old male who reported injury on 01/16/1997. The mechanism of injury was noted to be the patient was lifting a trailer by the tongue and felt onset of acute low back pain. The patient had no significant motor or sensory deficits on his right lower extremity and all muscle groups showed no level of electrical instability and all nerve conduction studies were within normal limits as per the EMG/NCV on 10/16/2013. The CT scan of 04/20/2012 revealed at the level of L3-4 the patient had posterior disc bulges resulting in mild central canal stenosis. Physical examination dated 11/13/2013 revealed the patient had decreased sensation in the L5 distribution on the right. Deep tendon reflexes were depressed at the right ankle. The request, per the physician documentation, is for a right transforaminal therapeutic L3-4 epidural steroid injection. The patient's diagnosis was noted to be postlaminectomy syndrome in the lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L3-L4 TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION WITH FLUOROSCOPY: 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 Injection Page(s): 46.

Decision rationale: California MTUS Guidelines recommend an epidural steroid injection when there is documentation of objective findings of radiculopathy that are corroborated by imaging studies and/or electrodiagnostic testing and they must be initially unresponsive to conservative treatment. The clinical documentation submitted for review failed to indicate the patient had nerve impingement upon CT scan and failed to provide the patient had radiculopathy upon EMG/NCV study of 10/16/2013. Additionally, the patient had depressed reflexes at the right ankle and decreased sensation at the L5 distribution on the right. There was a lack of documentation indicating what conservative care the patient had. The request per the physician documentation is for a right transforaminal therapeutic L3-4 epidural steroid injection. Given the above, the request is not medically necessary and appropriate.