

Case Number:	CM13-0068635		
Date Assigned:	01/03/2014	Date of Injury:	01/12/2011
Decision Date:	04/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/19/2013

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 Anesthesiology, 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 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 51-year-old male who reported an injury on 01/12/2011. The mechanism of injury was not stated. The patient is currently diagnosed with lumbar radiculopathy and lumbar degenerative disc disease. The patient was seen by [REDACTED] on 12/11/2013. The patient reported persistent lower back pain with radiation to bilateral lower extremities. Physical examination revealed tenderness to palpation, positive straight leg raising on the right, positive facet loading maneuver on the right, diminished reflexes, diminished strength on the right, and intact sensation. Treatment recommendations included individual psychotherapy sessions, a lumbar epidural steroid injection, and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar steroid injection at L5 and S1: Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other

rehab efforts. As per the documentation submitted, the patient does demonstrate positive straight leg raising, diminished strength, and diminished reflexes. However, there were no imaging studies or electrodiagnostic reports submitted for review. There was also no evidence of unresponsiveness to recent conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Based on the clinical information received, the patient does not appear to meet criteria for the requested procedure at this time. As such, the request is non-certified.