

Case Number:	CM13-0070390		
Date Assigned:	01/03/2014	Date of Injury:	09/01/2011
Decision Date:	04/25/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/24/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 62-year-old who reported injury on 09/01/2011. The mechanism of injury was noted to be the patient was rear-ended by a drunk driver at a high rate of speed. The patient was treated conservatively with physical therapy and oral medications as well as chiropractic care. The documentation of 09/06/2013 revealed the patient had physical therapy which did not produce much benefit. The patient was noted to have an MRI of the lumbar spine per the office note which revealed grade 1 anterolisthesis of L4 over L5 and bilateral spondylolisthesis of L5 with an annular bulging at multiple lumbar levels of L1 through S1 and central posterior annular tears at L2 through L5. There is mild desiccation of the lumbar discs and bilateral facet hypertrophy. The diagnoses included disc displacement with radiculitis and lumbar spondylosis without myelopathy. The physical examination demonstrated decreased pin sensation at the right L5 distribution consistent with the annular tear L4-5. The patient had lumbar axial pain that radiated into the right posterolateral thigh suggesting a discogenic component relative to the annular tear. The patient had physical examination findings in the right calf to decreased pin sensation and had radicular pain that radiated into the posterolateral right lower extremity. The physician documentation indicated that the patient had positive MRI findings and had failed physical therapy and medications. The request was made for a right L4-5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

A RIGHT L4-L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY: 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: California MTUS Guidelines recommend epidural steroid injections when patients have objective findings of radiculopathy upon physical examination that is corroborated by imaging studies and it must be initially unresponsive to conservative treatment. Clinical documentation submitted for review indicated the patient had positive objective findings, however, specific dermatomes or myotomes were not identified. The patient had failed conservative treatment. However, the official MRI was not provided for review. Given the above, the request for a right L4-5 transforaminal epidural steroid injection under fluoroscopy is not medically necessary.