

Case Number:	CM13-0071765		
Date Assigned:	01/08/2014	Date of Injury:	07/19/2012
Decision Date:	06/05/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/30/2013

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, 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 43 year old male who sustained injuries to his right shoulder, neck, and back on 7/19/12. The mechanism of injury was slipping and falling down approximately five stairs before hitting the wall. He was hospitalized for three days post injury. The patient stated that an MRI of the lumbar spine had been done, but this was not submitted for review. As per a pain consultation on 11/8/13, the patient's medications were Cyclobenzaprine, Lidopro topical ointment, Hydrocodone/APAP, and Advil. Orthopedic examination revealed a limited range of motion with diffuse tenderness through the thoracic paraspinal musculature. Facet challenge is positive at the L4-5 and L5-S1 zygapophyseal joints. Straight leg raise is positive on the right, and Patrick's test is positive bilaterally. Muscle tone and bulk are within normal limits with no tenderness to palpation throughout the extremities. Deep tendon reflexes are +2 symmetrically in the bilateral lower extremities. Manual muscle testing reveals 4+/5 strength in the bilateral extensor hallucis longus muscles and 5/5 in the bilateral extremities. The patient's gait is antalgic, with a single point cane in the right hand. An MRI of the lumbar spine done on 7/20/12 revealed mild early degenerative disc disease in the lower lumbar spine with subtle posterior annular tears. There was mild nonspecific edema in the subcutaneous fat of the lower back. Diagnoses included mechanical lower back pain, likely from a discogenic source, with radiculitis; discogenic disease with annular fissures at L3-4 and L4-5; degenerative disc disease at L5-S1; transitional disc at S1-S2; and right-greater-than-left paresthetic sensation in the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC RIGHT L4-5 AND L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

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: According to the guidelines, for patient to be considered a candidate for epidural steroid injection, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical records do not reveal corroborative imaging or electrodiagnostic evidence of active radiculopathy. In addition, the records do not establish the patient is a candidate for surgery for nerve root compromise. As such, the request is not medically necessary.