

Case Number:	CM13-0072424		
Date Assigned:	01/03/2014	Date of Injury:	12/13/2012
Decision Date:	06/10/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/31/2013

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 and Pain Medicine, 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 injured worker is a 35-year-old male who reported an injury to his low back on 12/13/12 due to a slip and fall. His treatment history included chiropractic care, physical therapy, and acupuncture. The patient underwent an MRI of the lumbar spine on 3/15/13 which documented a congenitally narrowed spinal canal from L1-5 with moderate neural foraminal narrowing at L5-S1. The injured worker also underwent an electrodiagnostic study on 3/12/13 that documented a normal nerve conduction study and a normal electromyography. The injured worker was evaluated on 12/5/13. It was documented that he had tenderness to palpation of the cervical, thoracic, and lumbar spinal process with bilateral paraspinal tenderness and decreased range of motion in all planes. It was noted that the injured worker had decreased left-sided C5-6 and C7 sensation to pin prick and light touch. It was also documented that the injured worker had decreased left-sided L4-5 and S1 sensation to pin prick and light touch. The injured worker's diagnoses included cervical and lumbar spine herniated discs, cervical and lumbar radiculopathy, and cervicogenic versus neurogenic headaches. The injured worker's treatment plan included a lumbar epidural steroid injection at the L5-S1 for diagnostic and therapeutic purposes as he has failed to respond to conservative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANFORAMINAL EPIDURAL STEROID INJECTION LEFT L5-S1 ROOTS: 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: The Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections for injured workers who have failed to respond to conservative treatment and have physical findings of radiculopathy corroborated by an imaging study. The clinical documentation submitted for review does indicate that the injured worker has clinical findings of radiculopathy in the L5-S1 distributions; however, the submitted electrodiagnostic study and MRI of the lumbar spine did not specifically identify any nerve root pathology. Therefore, the need for a transforaminal epidural steroid injection at the left L5-S1 roots is not supported. As such, the request is not medically necessary.