

Case Number:	CM14-0007129		
Date Assigned:	02/07/2014	Date of Injury:	05/23/2012
Decision Date:	07/08/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/18/2014

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 Texas. 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 44-year-old female who reported an injury on 05/23/2012. The mechanism of injury was not stated. Current diagnoses include thoracic/lumbosacral neuritis/radiculitis, degenerative lumbosacral intervertebral disc, pain in a joint of the lower leg, and chronic pain due to trauma. The injured worker was evaluated on 01/23/2014. The injured worker reported persistent lower back pain with radiation into the right lower extremity. Physical examination revealed an antalgic gait with decreased sensation to light touch in the right L5-S1 distribution. Treatment recommendations at that time included a right L5-S1 transforaminal epidural steroid injection. It is noted that the injured worker underwent an MRI of the lumbar spine on 09/09/2012, which indicated a 1 mm posterior disc bulge at L5-S1 without any evidence of neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

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

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. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no objective evidence of radiculopathy upon physical examination. There is also no evidence of radiculopathy upon imaging study. There is no mention of an exhaustion of conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.