

Case Number:	CM14-0007185		
Date Assigned:	02/07/2014	Date of Injury:	08/07/2011
Decision Date:	08/04/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/20/2014

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 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 underlying date of injury in this case is 08/07/2011. This patient's diagnoses include status post cervical fusion C4 through C7 and lumbar sprain with radicular complaints. A lumbar MRI of 11/25/2013 demonstrated mild disc narrowing with 5-mm anterolisthesis at L4-L5 and mild right and moderate left neuroforaminal narrowing and also severe bilateral lateral recess narrowing with bilateral facet hypertrophy. On 12/12/2013, the primary treating orthopedist saw the patient in reevaluation given moderate neck pain radiating to the right shoulder and down the right arm as well as persistent intermittent moderate low back pain radiating to the left gluteal region and left thigh and worse with prolonged standing or walking. On exam, the patient had increased cervical tone with paracervical tenderness. A lumbar spine exam demonstrated tenderness to palpation in the right paralumbar region with decreased flexion and extension, and positive straight leg raising on the right. Muscle spasms were noted. The treating physician diagnosed the patient with lumbar sprain with radicular complaints. The treatment plan included an L4-L5 epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Epidural injection at L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections, Pages 31-32 Page(s): 31-32.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, state that radiculopathy should be documented by physical examination and corroborative imaging studies and/or electrodiagnostic testing. It is not clear in this case that the patient meets any of these criteria. The patient does not clearly have symptoms or physical examination findings or diagnostic study findings which localize at a particular nerve root level. This request is not supported by the treatment guidelines. This request is not medically necessary.