

Case Number:	CM14-0007802		
Date Assigned:	02/07/2014	Date of Injury:	10/28/2009
Decision Date:	08/04/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/21/2014

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 Nevada. 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 47-year-old male who was reportedly injured on October 28, 2009. The mechanism of injury is stated to be bending over to pick up 12 packs of soft drinks and sustained a fall. The most recent progress note dated September 18, 2013, indicates that there are ongoing complaints of low back pain and left leg pain. The physical examination demonstrated the ability to ambulate without difficulty. There was full range of motion of the lumbar spine with spasms and guarding. There was a negative bilateral straight leg raise and a normal lower extremity neurological examination. An magnetic resonance image of the lumbar spine showed degenerative disc disease at L3 - L4, L4 - L5, and L5 - S1. Previous treatment included four sessions of epidural steroid injections and medial branch blocks. Continued prescriptions were written for oxycodone, hydrocodone, and soma. A request had been made for a left-sided L5 - S1 transforaminal epidural steroid injection and was not approved in the pre-authorization process on December 30, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT 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: The California Medical Treatment Utilization Schedule (CAMTUS) allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the CAMTUS guidelines. Specifically, there is no documentation of any abnormal neurological findings on physical examination. As such, the requested procedure for a left-sided L5 - S1 transforaminal epidural steroid injection is not medically necessary.