

Case Number:	CM14-0007845		
Date Assigned:	06/11/2014	Date of Injury:	06/25/2013
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 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 06/25/2013. The primary diagnosis is spondylolisthesis. The patient has submitted a handwritten letter of 01/21/2014 stating that she was denied an epidural injection for a radiculopathy. The patient reports that she was initially unresponsive to conservative treatment and that she is still in pain and cannot perform her regular duties and she wakes up with pain. On 12/10/2013, the patient was seen in orthopedic evaluation in followup regarding low back pain. The treating physician noted that a lumbar MRI of 12/10/2013 had shown spondylolisthesis at L4-L5 as well as spinal stenosis. On exam, the patient had limited lumbar motion in multiple directions with normal strength, normal reflexes, and normal sensation. The patient was diagnosed with spondylolisthesis. That treating physician recommended an epidural injection at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural 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 Epidural Injections Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, page 46, state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the patient does not clearly have symptoms or physical examination findings to localize to a particular nerve root level. An MRI imaging demonstrates spinal stenosis but does not clearly demonstrate a focal nerve root lesion. This patient does not have symptoms, examination findings, and diagnostic findings which correlate to support a radiculopathy at a particular level. This request is not medically necessary