

Case Number:	CM14-0105872		
Date Assigned:	09/24/2014	Date of Injury:	02/14/2012
Decision Date:	10/24/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/08/2014

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 Occupational Medicine 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 patient is a 54 year-old female with date of injury 02/14/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/19/2014, lists subjective findings as low back pain with radicular symptoms down the legs. Objective findings: Range of motion of the lumbar spine was restricted with flexion limited to 40 degrees, extension to 5 degrees, right lateral bending to 10 degrees and left lateral bending to 10 degrees; all limited by pain. Tenderness to palpation of the paravertebral muscles on both sides. Patient could not walk on heels or toes. Straight leg raising test was positive bilaterally. Ankle jerk was on the left side. Patellar jerk was on the left side. Ankle and patellar jerk were absent on the right. Tenderness was noted over the sacroiliac spine. Motor strength was slightly diminished bilaterally. Sensation was decreased over the lateral foot and anterior thigh, and lateral thigh on the right. Diagnosis: 1. Post lumbar laminectomy syndrome 2. Lumbar radiculopathy 3. Migraine unspecified 4. Spasm of muscle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Injection Bilateral L5 and S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no documentation of any recent lumbar MRI or electrodiagnostic studies. Without one of these studies in conjunction with a positive physical examination, the MTUS does not support lumbar epidural steroid injections. Therefore, Transforaminal Lumbar Epidural Injection Bilateral L5 and S1 is not medically necessary and appropriate.