

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0011820 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 04/21/2010 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 01/20/2014 |
| Priority: | Standard | Application Received: | 01/29/2014 |

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:

Patient is a 51 year-old female with date of injury 04/21/2010. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 11/11/2013, lists subjective complaints as pain in the lumbosacral region and over the right sacroiliac joint. She also claims she has pain that extends into the buttock and proximal thighs. There is no record of lower extremity EMG/NCS or of an MRI of the lumbar spine, but the patient underwent a MRI of the cervical spine on 05/07/2012, which showed mild to moderate disc osteophyte complex with mild foraminal impingement bilaterally from C3-C7. Objective findings: Examination of the lumbar spine revealed tenderness to palpation over the lumbosacral junction greater on the right than on the left and pain overlying the right S1 joint with pain provocation to sacroiliac shear maneuver. Diagnosis: 1. Left knee osteoarthritis 2. Cervicalgia with radiculopathy 3. Right shoulder rotator cuff tendinopathy with impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION ON RIGHT L-SPINE, NO LEVEL INDICATED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS), radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical record fails to document any lumbar imaging studies or lower extremity electrodiagnostic studies. The request for a lumbar transforaminal epidural steroid injection on the right lower spine, no level indicated is not medical necessary and appropriate.