

Case Number:	CM14-0011852		
Date Assigned:	02/21/2014	Date of Injury:	11/22/2004
Decision Date:	07/18/2014	UR Denial Date:	01/28/2014
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 Anesthesiology, has a subspecialty in Pain Management 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 59-year-old female who has submitted a claim for lumbago, lumbosacral spondylosis without myelopathy, post laminectomy syndrome of the lumbar region, and myalgia and myositis; associated with an industrial injury date of 11/22/2004. Medical records from 10/02/2013 to 02/23/2014 were reviewed and showed that patient complained of low back pain radiating down the right leg associated with muscle spasms. Patient can tolerate walking for up to 15 minutes. Physical examination showed tenderness of the lumbar paraspinal muscles. Trigger points were identified. Range of motion of the lumbar spine was limited to pain. Straight leg and Patrick's tests were negative. Hyporeflexia of the bilateral Achilles reflex was noted. Motor testing was normal. Sensation was intact. Treatment to date has included medications, trigger point injection, physical therapy, TENS, and spine surgery (undated). Utilization review, dated 01/27/2014, denied the request for outpatient right transforaminal epidural steroid injection. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

RT TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. In this case, the patient complains of low back pain radiating down the right leg despite medications, physical therapy, and surgery. However, physical examination failed to show radiculopathy; imaging or electrodiagnostic studies were not provided. Hyporeflexia of the bilateral Achilles reflex is the only neurologic deficit found in the patient. The criteria for ESI have not been met. Therefore, the request for right Transforaminal Epidural Steroid Injection at L4, is not medically necessary.