

Case Number:	CM14-0017003		
Date Assigned:	03/07/2014	Date of Injury:	12/02/2012
Decision Date:	05/08/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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, Pain Medicine and is licensed to practice in Florida. 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 60-year-old female who reported an injury on 12/02/2012. The mechanism of injury was not provided. Current diagnoses include grade 1 spondylolisthesis with facet arthropathy, lumbar disc bulge, and minimal anxiety. The injured worker was evaluated on 11/26/2013. The injured worker reported 7/10 pain with bilateral lower extremity numbness. Physical examination revealed limited lumbar range of motion, positive straight leg raising, 4/5 weakness, and 2+ deep tendon reflexes. Treatment recommendations included an L4-5 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LT LUMBAR TF ESI L4-L5: 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: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. There were no imaging studies or electrodiagnostic reports submitted for review to

corroborate a diagnosis of radiculopathy. There is also no indication of an unresponsiveness to recent conservative treatment including exercises, physical methods, Non-Steroidal Anti-Inflammatory Drugs (NSAID), and muscle relaxants. Therefore, the injured worker does not meet criteria for the requested procedure. As such, the request is non-certified.