

Case Number:	CM14-0019967		
Date Assigned:	02/26/2014	Date of Injury:	05/14/2007
Decision Date:	06/26/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/18/2014

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, has a subspecialty in Interventional Spine 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 male with an injury date of 05/14/07. Based on the 01/16/14 progress report provided by [REDACTED], the patient complains of constant tightness in his low back and sharp right leg pain and numbness. He had a positive right straight leg raise. The patient's diagnoses includes the following: 1. Lumbar facet arthritis 2. Lumbar radiculopathy 3. Left SIJ arthropathy The 01/06/14 MRI of the lumbar spine revealed the following: 1. Multilevel degenerative changes of the lumbar spine, most pronounced at L2-L3, L3-L4, and L4-L5 where there is moderate-to-severe spinal canal stenosis and mild-to-moderate bilateral neural foraminal narrowing, and impingement of the descending left L3 and right L4 and L5 nerve roots secondary to disc pathology, facet arthropathy, and ligamentum flavum thickening 2. Moderate disc height loss at L3-L4 and L4-L5 with associated significant endplate marrow change and margin osteophyte formation 3. Straightening of the lumbar lordosis [REDACTED] requesting for a right L5 and S1 transforaminal epidural steroid injection. The utilization review determination being challenged is dated 01/30/14. [REDACTED] is the requesting provider, and he provided treatment reports from 08/13/13- 02/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L5 AND S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION:

Overtuned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 46

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

Decision rationale: According to the 01/16/14 report by [REDACTED] patient presents with constant tightness in his low back and sharp right leg pain and numbness. The request is for a right L5 and S1 transforaminal epidural steroid injection. In reference to an epidural steroid injection, California Medical Treatment Utilization Schedule (MTUS) guidelines states, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." This patient presents with significant right leg symptoms with MRI demonstrating severe spinal stenosis. Exam showed positive SLR and a trial of an ESI appear reasonable. What is not known is whether or not the patient has tried an injection in the past. Review of the provided reports does not include a prior injection. Recommendation is medically necessary and appropriate.