

Case Number:	CM14-0111153		
Date Assigned:	08/01/2014	Date of Injury:	12/28/2005
Decision Date:	10/03/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/16/2014

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 and is licensed to practice in Louisiana. 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 male who was injured on 12/28/2005 when he was moving a temporary post. He fell backwards and hit his head to the ground. Prior treatment history has included physical therapy, acupuncture. Prior medication history included tramadol, Vicodin, levothyroxine, Oysco and Cymbalta. There are no diagnostic studies available for review. Initial pain management report dated 06/19/2014 states the patient complained of back and right leg pain. The pain goes down to the right ankle, right foot and bottom of the foot. He reported his pain as a 7/10 on the pain scale. On exam, straight leg raise on the right is positive at 60 degrees and the left side is normal at 90. There is no pain over the lumbar intervertebral spaces. Anterior flexion of the lumbar spine is noted to be 30 degrees; anterior lumbar flexion causes pain; extension of the lumbar spine is noted to be 15 degrees. There is pain noted with lumbar extension. Patrick's test is positive on the right and Gaenslen's test is positive as well. Deep tendon reflexes are intact except reduced in the right knee and absent in the right heel. Diagnoses are lumbar spine radiculopathy, lumbar disc herniation, SI joint sprain/strain; and postconcussion syndrome. The patient has been recommended for right-sided L4-5 and L5-S1 transforaminal epidural injection under fluoroscopy. Prior utilization review dated 06/27/2014 states the request for Right transforaminal ESI L4-L5, L5-S1 under fluoroscopy and anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal ESI L4-L5, L5-S1 under fluoroscopy and anesthesia: Upheld

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

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

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections are recommended as an option for treatment of radicular pain for short-term relief when in conjunction with other rehab efforts. There is no supporting documentation of radiculopathy or neurocompressive lesion, which has been confirmed by images to show the necessity of this procedure. Therefore, this is not medically necessity at this time.