

Case Number:	CM14-0127090		
Date Assigned:	08/13/2014	Date of Injury:	09/08/1979
Decision Date:	09/11/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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:

This injured worker is a male with date of injury 9/8/1979. Per primary treating physician's progress report dated 7/10/2014, the injured worker complains of low back pain which he says has worsened since his last visit. He has been stable since his last visit and does have persistent pain complaints. He has not worked since 1980. He is able to walk, sit and stand longer after taking medications. He has ongoing spasms in the thoracic and lumbar spine. He rates his low back pain at 7/10. He reports that he is not able to stand for prolonged periods of time, and he is hunching over which increases his pain. He reports muscle cramping and aching pain in his mid and lower back with occasional right lower extremity numbness and tingling in the foot, which is gradually worsening. He reports his symptoms are not constant. He has occasional radiation of pain in the left thigh. He uses a corset for support and stability as needed. On exam he is in no acute distress. His gait is mildly antalgic. He has diffuse tenderness to palpation of the thoracic and lumbar spine. The lumbar surgical site of the lumbar spine is well healed without any signs of infection. He has limited range of motion of the lumbar spine, which is decreased in all planes. He has decreased sensation of the right L5 and S1 dermatomes to pinprick and light touch. Strength testing is 5-/5 bilateral psoas, quadriceps, hamstrings, and tibialis anterior. The remainder strength testing is 5/5 in the lower extremities. Diagnoses include 1) status post lumbar fusion L1-S1 2) lumbar radiculopathy 3) adjacent segment disease 4) right L5-S1 radiculopathy per Electromyography (EMG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Transforaminal Epidural Steroid Injection At Levels T11 And T12 Roots, Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection section Page(s): 46.

Decision rationale: Per the requesting physician, these injections are being requested for their diagnostic and therapeutic properties. The utilization review report does not provide a rationale for the decision to deny. Electrodiagnostic testing on 4/29/2013 revealed evidence of chronic right L5/S1 radiculopathy. Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria, including radiculopathy being documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Based on the clinical documents provided for review, the injured worker does not meet these conditions at the location of the request epidural steroid injection. The request for Left Transforaminal Epidural Steroid Injection At Levels T11 And T12 Roots is not medically necessary and appropriate.