

Case Number:	CM14-0129181		
Date Assigned:	08/18/2014	Date of Injury:	01/21/2011
Decision Date:	09/18/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/13/2014

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 Nevada. 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 records presented for review indicate that this 51-year-old gentleman was reportedly injured on January 21, 2011. The mechanism of injury is noted as moving a soda vending machine. The most recent progress note, dated July 30, 2014, indicates that there are ongoing complaints of low back pain with numbness in the left thigh. The physical examination demonstrated a normal gait and the ability to heel/toe walk. There was full flexion and extension of the lumbar spine and no tenderness over the spine or paraspinal muscles. There was also a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine indicated mild retrolisthesis of L3 on L4 and a small left sided paracentral disc protrusion at L5 - S1 effacing the left-sided S1 nerve root. Left lower extremity nerve conduction studies revealed evidence of a left peroneal neuropathy. Previous treatment includes physical therapy to include the daily reconditioning program for eight weeks, oral medications, and the use of a TENS (Transcutaneous Electrical Neural Stimulation) unit. The injured employee also received medial branch blocks without relief. A request had been made for a left-sided L5 - S1 transforaminal epidural steroid injection under fluoroscopic guidance and was not certified in the pre-authorization process on August 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 Transforaminal Epidural Steroid Injection under Fluoroscopic Guidance:
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: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical record there are no findings of a radiculopathy on physical examination nor are there any imaging studies indicating neurological impingement. Considering this, the request for a left L5 - S1 transforaminal epidural steroid injection under fluoroscopic guidance is not medically necessary.