

Case Number:	CM14-0133386		
Date Assigned:	08/22/2014	Date of Injury:	03/25/2013
Decision Date:	10/03/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/20/2014

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 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 underlying date of injury in this case is 03/25/2013. The date of utilization review under appeal is 08/20/2014. The treating diagnosis is lumbar radiculitis. MRI imaging of 02/03/2014 demonstrated multilevel lumbar degenerative disc disease with asymmetric encroachment on the right-sided foramen at L3-L4 and L5-S1 due to scoliosis and degenerative changes. On 08/06/2014, the patient was seen in treating physician reevaluation. The patient reported ongoing low back pain radiating down the left lower extremity with associated numbness intermittently in the right lower extremity to the level of the foot and worse with activity. On physical examination, the patient had tenderness at L4-S1 as well as decreased sensation at L5-S1 in both lower extremities and decreased strength of the extensor muscles along the L4-L5 and L5-S1 dermatomes in the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 Epidural (Interlaminar Approach), QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on epidural injections Page(s): 46.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on epidural injections states that radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing. The medical records do not outline symptoms, exam findings, and diagnostic studies in a particular nerve root distribution. Rather the findings in each case appear to be multifactorial or regionalized. The presentation is not convincing specifically for a focal left L5-S1 radiculopathy. The guidelines do not support this request. This request is not medically necessary.