

Case Number:	CM14-0135525		
Date Assigned:	08/29/2014	Date of Injury:	04/26/1989
Decision Date:	10/10/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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 58-year-old female was reportedly injured on April 26, 1989. The most recent progress note, dated August 5, 2014, indicates that there are ongoing complaints of low back pain radiating to the right anterior thigh and bilateral hips. The physical examination demonstrated tenderness at the right sciatic notch in the lower lumbar spine. There was a positive right-sided straight leg raise test and a negative facet loading test. There was normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine revealed complete liberation of the L4 - L5 disc space with severe bilateral neural foraminal stenosis. There was also neural foraminal stenosis on the right at L2 - L3 and bilaterally at L3 - L4 and facet hypertrophy at L5 - S1. Previous treatment is unknown. A request had been made for a right-sided L3 - L4 transforaminal epidural steroid injection and was not certified in the pre-authorization process on August 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection At The Right L3-4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) 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 at the level suggested for this procedure. Considering this, the request for a Transforaminal Epidural Steroid Injection At The Right Side L3-4 is not medically necessary.