

Case Number:	CM14-0136185		
Date Assigned:	09/03/2014	Date of Injury:	09/20/2012
Decision Date:	10/02/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/25/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 35 year-old male was reportedly injured on 9/20/2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 7/3/2014, indicates that there are ongoing complaints of low back pain with radiating leg pain. Physical examination of the lumbar spine demonstrated painful extension and rotation bilaterally without crepitus; flexion non-tender; asymmetrical side-to-side comparison of patellar and ankle reflexes bilaterally; sensation present in the right compared to the left; positive straight leg raise on the right; motor strength 3/5 in bilateral lower extremities through all normal planes of motion; no ataxia or clonus; and normal gait. No recent electrodiagnostic studies available for review. The progress note above mentions structural findings identified on [REDACTED] done at [REDACTED], 2014, indicating an annular bulge with right paracentral extrusion resulting in impingement of right L5 nerve root; however the MRI report and the radiologist's impression was not available for this independent medical review. Diagnosis: low back pain from multifactorial chronic etiologies. Previous treatment includes physical therapy, interventional therapy and medications. A request had been made for bilateral L5 and transforaminal epidural steroid injections, which was not certified in the utilization review on 7/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 transforaminal epidural steroid injection x2: 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 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 46 OF 127.

Decision rationale: MTUS treatment guidelines support lumbar epidural steroid injections when radiculopathy is documented on physical examination and corroborated by diagnostic imaging and electrodiagnostic studies in individuals who have not improved with conservative treatment. Based on the clinical documentation provided, and considering the criteria for the use of epidural steroid injections as outlined in the MTUS; there is insufficient clinical evidence presented that the proposed procedure meets the guidelines. Specifically, there is no documentation, electrodiagnostic studies confirming the diagnosis of lumbar radiculopathy. As such, this request is not considered medically necessary.