

Case Number:	CM14-0136321		
Date Assigned:	09/03/2014	Date of Injury:	12/05/2012
Decision Date:	10/20/2014	UR Denial Date:	08/15/2014
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 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 50-year-old male was reportedly injured on 12/5/2013. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated 7/31/2014, indicated that there were ongoing complaints of low back and left hip pains. The physical examination demonstrated lumbar spine had loss of normal lordosis and with straightening of the lumbar spine. There was positive tenderness to palpation of the paravertebral muscles with hypertonicity and spasm noted. Tight muscle band noted bilaterally. Positive facet loading of the lumbar spine noted bilaterally. Straight leg raise positive on the left in the sitting position was 60, positive Faber test. Motor examination was unremarkable. Sensory examination revealed light touch sensation was patchy in distribution. Lower extremity reflexes were of the knees 1/4 bilaterally and ankles 2/4 bilaterally. No recent diagnostic studies are available for review. Previous treatment included left hip arthrogram, medications, and conservative treatment. A request had been made for transforaminal lumbar epidural steroid injection (ESI) L3 and was not certified in the pre-authorization process on 8/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Transforaminal lumbar epidural steroid injection at L3, QTY: 1: 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 Page(s): 46.

Decision rationale: MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. 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 MTUS guidelines. Specifically, there is no documentation of radiculopathy of a specific dermatome on physical examination. As such, the requested procedure is deemed not medically necessary.