

Case Number:	CM14-0157851		
Date Assigned:	10/01/2014	Date of Injury:	01/10/2003
Decision Date:	10/29/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/26/2014

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 Occupational Medicine 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 patient is a 58 year-old female with date of injury 01/10/2003. The medical document associated with the request for authorization, a primary treating physician's progress report dated 09/09/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation on the right lower facet joint and sacroiliac joint. Sciatic notch tenderness was present on the right side. Extension was painful at 20 degrees, flexion was within normal limits. Spasm was noted over the right lumbar musculature. Motor examination was within normal limits. Strength to the upper and lower extremities was normal. Normal sensation to pinprick in the upper and lower extremities. Deep tendon reflexes in the lower and upper extremities were decreased but equal. Diagnosis: 1. Lumbar facet arthropathy 2. Right lower neuropathic pain 3. Neuroma 4. Neuropathic pain 5. Inguinal pain, right.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Right Lumbar Transforaminal Epidural Injections at L5 and S1 with Fluoroscopic Guidance, Anesthesia, and X-Ray: 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 Chronic Pain Medical Treatment Guidelines 9792.20 - 9792.26, Page 46 Page(s): Page 46.

Decision rationale: According to the MTUS Chronic Pain Guidelines, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient has an essentially normal neurologic examination with no evidence of nerve root impingement. As such, the request is not medically necessary and appropriate.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The ACOEM Guidelines states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. As such, the request is not medically necessary and appropriate.