

Case Number:	CM14-0021823		
Date Assigned:	05/05/2014	Date of Injury:	09/26/1999
Decision Date:	07/09/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/21/2014

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 Maryland. 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 injured worker is a 48 year old female whose date of injury is 09/26/1999. The mechanism of injury is described as picking up boxes and baskets. EMG/NCV dated 12/01/12 revealed evidence of bilateral L5 radiculopathy. Lumbar MRI dated 11/15/13 revealed at L4-5 there is a grade 3/5 right side inferiorly extruded disc herniation, with mild mass effect on the thecal sac as well as mild posterior displacement of the proximal S1 nerve root with loss of the anterior epidural fat. Progress note dated 01/20/14 indicates that her back is continuing to give her problems. She is noted to have significant depression. The injured worker was recommended to be seen by a pain psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT LUMBAR SPINE TRANSFORAMINAL EPIDURAL STEROID INJECTION:

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 Epidural steroid injections Page(s): 46.

Decision rationale: Based on the clinical information provided, the request for left lumbar spine transforaminal epidural steroid injection is not recommended as medically necessary. There is no current, detailed physical examination submitted for review as required by California Medical Treatment Utilization Schedule (MTUS) guidelines to establish the presence of active lumbar radiculopathy. The submitted records indicate that the injured worker has undergone previous lumbar epidural steroid injections; however, the injured worker's objective, functional response to this treatment is not documented.