

Case Number:	CM14-0022474		
Date Assigned:	06/16/2014	Date of Injury:	09/06/2013
Decision Date:	08/11/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 35-year-old individual was reportedly injured on 9/6/2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 1/20/2014 indicates that there are ongoing complaints of low back pain and pain radiating down the right lower extremity. The physical examination demonstrated lumbar spine: positive tenderness over the right paravertebral musculature, range of motion with mild pain. Mildly positive straight leg raise on the right 50 degrees. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medications, a request had been made for transforaminal lumbar epidural steroid injection at L4-L5 and was not certified in the pre-authorization process on 2/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injections at L4-L5 and L5-S1 interspaces:

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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The CA Chronic Pain Medical Treatment Guidelines allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of radiculopathy. As such, the requested procedure is not medically necessary and appropriate.