

Case Number:	CM14-0023397		
Date Assigned:	06/11/2014	Date of Injury:	10/30/2012
Decision Date:	07/15/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/25/2014

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 Texas. 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 54-year-old male who reported an injury on 10/30/2012. The mechanism of injury was not specifically stated. Current diagnoses include lumbar disc herniation, lumbar radiculopathy, and morbid obesity. The injured worker was evaluated on 01/10/2014. The injured worker reported 7/10 pain with left lower extremity radicular symptoms. Physical examination revealed tenderness to palpation, limited lumbar range of motion, positive straight leg raising on the left, positive Patrick's sign on the left, intact sensation, 5/5 motor strength in the bilateral lower extremities, and 2+ deep tendon reflexes. Treatment recommendations at that time included a transforaminal epidural steroid injection at L3-4 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 AND L4-5 LEFT 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: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should also prove initially unresponsive to conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants. As per the documentation submitted, the injured worker demonstrated 5/5 motor strength in the bilateral lower extremities, intact sensation, and 2+ deep tendon reflexes. There was no evidence of radiculopathy upon physical examination. There was also no mention of unresponsiveness to conservative treatment. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.