

Case Number:	CM14-0026421		
Date Assigned:	06/13/2014	Date of Injury:	12/03/2012
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 26 year old female with an injury date of 12/03/12. Based on the 02/07/14 progress report provided by [REDACTED] the patient complains of constant throbbing low back pain, more on the left with associated weakness. There is moderate facet tenderness noted along the L4 through S1 levels and diffuse tenderness noted to palpation over the lumbar paraspinal muscles. The patient has decreased sensation in the left L4 dermatomes. The patient's diagnoses include the following: 1. Lumbar disc disease. 2. Lumbar radiculopathy. 3. Bilateral sacroiliac joint discopathy. [REDACTED] is requesting for a left L5-S1 transforaminal epidural injection. The utilization review determination being challenged is dated 02/12/14. [REDACTED] is the requesting provider and he provided treatment reports from 02/11/13- 05/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L5-S1 TRANSFORAMINAL EPIDURAL INJECTION: 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, 47.

Decision rationale: According to the 02/07/14 report by [REDACTED], the patient presents with constant throbbing low back pain, more on the left with associated weakness. The request is for a left L5-S1 transforaminal epidural injection. The 02/07/14 report states that "The patient's EMG shows left L4 radiculopathy despite that the magnetic resonance imaging (MRI) is showing mostly right neural foraminal narrowing. She has failed conservative treatment in the form of physical therapy, chiropractic manipulation, acupuncture, rest, home exercise and medication." Per the 02/10/14 Agreed Medical Evaluation, the patient previously had a lumbar epidural steroid injection in 10/14/13. "She states that she had worsening of the pain in her low back with the injection." [REDACTED] 10/16/13 report also states that the epidural injection increased the patient's low back pain. California Medical Treatment Utilization Schedule (MTUS) guidelines require 50% reduction of pain lasting 6 weeks or more with reduction in medication use for repeat injection. In this case, the patient had an increase in pain with the epidural injection. The requested treatment is not medically necessary and appropriate.