

Case Number:	CM14-0029119		
Date Assigned:	06/20/2014	Date of Injury:	02/09/2009
Decision Date:	07/21/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/07/2014

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 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 injured worker is a 53 year old male who reported an injury on 02/09/2009. The injured worker complained of pain to the neck and, low back radiating into the right lower extremity. Pain was described as constant, and achy and throbbing with tingling. The pain became worse with increased activity. Pain on average was rated 7/10. On physical examination dated on 01/07/2014 there was tenderness noted in the right and left lumbar paravertebral regions at the L4-5, and L5-S1 levels. Tenderness was noted in the right sacroiliac joint. Extension of the lumbar spine as well as right and left lateral rotation is positive for back pain. Cervical spine range of motion is reduced. There is tenderness present in the cervical paravertebral region on the right side and in the bilateral trapezius muscle at C3-5 and C7-T2. Spurlings positive for neck pain to the right and left. The injured workers medications are Oxycodone. The injured worker diagnoses are lumbosacral spondylosis without myelopathy, fibromyalgia/myotosis, cervicalgia, and facet joint syndrome. The injured workers treatments/diagnostics, MRI of the lumbar spine dated 10/11/2013, revealed no evidence of significant central canal stenosis, and L3-L5 mild bilateral foraminal stenosis. The authorization form dated 01/20/2014 was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid Injection at right L3-L4 and L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

Integrated Treatment Guidelines, American Medical Association Guidelines, Occupational Medicine Practice Guidelines, Reed Group/The Medical Disability Advision and Disability Duration Guidelines/Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The request for transforaminal lumbar injection epidural injection at right L3-L4 and L4-L5 is non-certified. The California Medical Utilization Schedule (MTUS) guidelines recommend epidural steroid injections for injured workers with radiculopathy documented on physical examination and corroborated on MRI. The guidelines also recommend that injured workers be initially unresponsive to conservative treatment. There is lack of documentation of radiculopathy on the most recent physical examination. There was no evidence of neurological deficits. In addition, there is no documentation of conservative care directed towards lumbar spine. There was no mention of physical therapy or medication management of lumbar pain. As such the request is not medically necessary and appropriate.