

Case Number:	CM14-0035696		
Date Assigned:	06/23/2014	Date of Injury:	04/25/2012
Decision Date:	07/25/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/24/2014

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 Occupational Medicine 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 50-year-old male who sustained an injury to his low back on 04/25/12. The mechanism of injury was not documented. The most recent clinical note dated 04/21/14 reported that the injured worker returned to the clinic for follow up regarding low back pain that the injured worker rated at 5-6/10 on the visual analog scale. The injured worker continues to complain of limited mobility, sometimes limps. The injured worker stated that the pain from the low back radiates to the bilateral buttocks, thighs, legs, feet with associated tingling/numbness of the legs that goes down to the feet. Physical examination noted moderate tenderness in the paraspinal area from L1-S1 bilaterally; mild spasm noted in the paralumbar from L1-S1 bilaterally; moderate tenderness noted in the greater sciatic notch area bilaterally; mild tenderness over the sacrococcygeal area; range of motion painful and limited; straight leg raise bilaterally 70 degrees positive; Patrick's test negative; foot test negative; neurological exam intact.

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 L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The previous request was denied on the basis that there was no documentation of any radiculopathy and there was no corroboration with magnetic resonance imaging (MRI). The Chronic Pain Medical Treatment Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no imaging studies provided for review that would correlate with negative physical examination findings of an active radiculopathy at the L4-5 level. The Chronic Pain Medical Treatment Guidelines also state that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the patient's response to any previous conservative treatment. Given this, medical necessity of the request for a transforaminal lumbar epidural steroid injection at L4-5 has not been established.