MAXIMUS Federal Services

Case Number:	CM14-0035900		
Date Assigned:	06/23/2014	Date of Injury:	05/19/2011
Decision Date:	07/22/2014	UR Denial Date:	03/10/2014
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 Family Medicine 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 patient is a 38 year old female who sustained a work injury on 5/1/10 resulting in chronic neck, back and upper extremity pain. She has a diagnosis of lumbar radiculitis, cervical radiculopathy with facet syndrome and muscle spasms. The claimant had undergone physical therapy, acupuncture and oral analgesics. She had received epidural steroid injections of the cervical spine and disc replacement in 2011. A physician note on 3/24/14 noted that the claimant had paravertebral muscle spasms, a positive straight leg raise, and left leg numbness. Due to weakness and dysesthesia in the L4-L5 dermatomes along with failed conservative treatment with medications and therapy, the claimant was offered a transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI L4-5 and L5-S1: Upheld

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

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

Decision rationale: In this case, the claimant had physical exam findings of dyesthesia in the L4 region. The neurological examination detail weakness (4/5) in the distal hallucis longus. However, the findings were not corroborated by nerve conduction studies. In addition, a prior EMG in 2011 was normal. Based on the guidelines, the epidural steroid injection is not medically necessary.