

Case Number:	CM14-0036688		
Date Assigned:	06/25/2014	Date of Injury:	08/11/2010
Decision Date:	08/14/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/26/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 45-year-old female who reported an injury on 08/11/2010 due to heavy lifting. On 03/05/2014, the injured worker presented with severe right low back pain radiating to the right buttocks and lateral posterior thigh. Prior therapy included a TENS unit, acupuncture, physical therapy, and medication. Upon examination, there was tenderness to palpation over the lumbar paraspinal muscles that elicited tenderness to the lower lumbar area to the right. Palpation of the buttocks elicited moderate tenderness to right. All range of motion to the the lumbar spine elicited discomfort. Prior therapy included acupuncture, aquatic therapy, and medications. Diagnoses were chronic right low back pain to right buttock and posterior thigh secondary to lumbar degenerative disc disease with radiculitis and lumbar facet arthropathy. The provider recommended a right lumbar L4-5 transforaminal epidural steroid injection with fluoroscopy and monitored anesthesia care. The provider noted that a facet block would be indicated if pain persisted after the epidural steroid injection. The request for authorization form was dated 03/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monitored anesthesia care: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Right Lumbar 4-5 Transforaminal Epidural Steroid Injections (ESI) with Fluoroscopy:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

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

Decision rationale: The request for a right lumbar 4-5 transforaminal epidural steroid injection (ESI) with fluoroscopy is non-certified. According the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, the documentation should show that the injured worker was initially unresponsive to conservative treatment. The documentation submitted for review lacked evidence of objective findings of radiculopathy, numbness, weakness, and loss of strength. There was no radiculopathy documented by physical examination. There is a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medications. As such, the request is non-certified.