

Case Number:	CM14-0037840		
Date Assigned:	06/25/2014	Date of Injury:	09/20/2013
Decision Date:	07/29/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/31/2014

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 Pain Medicine and is licensed to practice in California and Nevada. 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 56 year old male who sustained an injury to his low back on 09/20/13 while picking up a large toolbox, he felt a pop in his low back and immediately experienced onset of moderate to severe pain. The injured worker tried treating himself conservatively in the hopes that his symptoms would resolve, but they did not. The injured worker continued to complain of low back pain per clinical note dated 09/22/13. MRI of the thoracic spine/lumbar spine reportedly revealed a 4mm disc bulge at T4-5. Clinical note dated 10/31/13 reported that the injured worker stated that he had minimal improvement following a regimen of physical therapy. Physical examination noted mild tenderness to palpation of the bilateral paravertebral muscles of the lumbar spine; no bony tenderness; no deformity; range of motion diminished secondary to pain; distal sensation, motor function, circulation intact; deep tendon reflexes 2+ and equal bilaterally; straight leg raise negative; gait normal. The injured worker was diagnosed with a lumbar strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist referral for bilateral T4-T5 epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The MTUS Guidelines states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Previous request was denied on the basis that there was no evidence of radiculopathy in a dermatomal distribution. Moreover, there were no documented progressive neurological deficits consistent with radiculopathy to support the requested invasive procedure. Imaging did not identify findings to corroborate radiculopathy, therefore the request could not be deemed as medically reasonable. Given this, the request for specialist referral for bilateral T4-T5 epidural injection is not indicated as medically necessary.