

Case Number:	CM14-0049160		
Date Assigned:	06/25/2014	Date of Injury:	03/29/2013
Decision Date:	08/14/2014	UR Denial Date:	03/13/2014
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 and is licensed to practice in 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 63 year-old individual who was reportedly injured on March 29, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 20, 2014 indicates that there are ongoing complaints of sharp throbbing pain in the back. The physical examination demonstrated a 5'11, 212 pound individual with decreased range of motion, the sensory examination to be intact, and other elements that are handwritten and illegible. Diagnostic imaging reportedly noted degenerative changes at multiple levels of the lumbar spine with facet joint disease. Foraminal narrowing is also reported. Previous treatment includes multiple medications. A request had been made for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Steroid Injection for the right L5 and S1, QTY: 2:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46.

Decision rationale: Radiculopathy must be documented and corroborated by imaging studies or diagnostic studies. The only evidence here is a decreased Achilles reflex. Therefore, there is insufficient clinical evidence to establish a medical necessity for this procedure based on the records presented for review. Therefore, Lumbar Transforaminal Epidural Steroid Injection for the right L5 and S1 is not medically necessary.