

Case Number:	CM14-0054353		
Date Assigned:	07/07/2014	Date of Injury:	11/26/2008
Decision Date:	08/19/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/23/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports 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 35 year old male whose date of injury is 11/26/08. On this date the injured worker was involved in a motor vehicle accident. Follow up note dated 01/16/14 indicates that the injured worker complains of pain in the low back, left hip and left knee. Physical examination notes that lumbar range of motion is painful but within normal limits. Straight leg rising is negative. Impression is low back pain, multilevel degenerative disc disease, left hip pain, status post open reduction internal fixation of the left hip, left knee pain, bursitis of knee, status post left knee arthroscopy, and right plantar fasciitis. Panel qualified medical evaluation (QME) dated 02/12/14 indicates that the injured worker's back pain should be treated with physical therapy and potentially medications and injections. Follow up note dated 04/01/14 indicates that straight leg rising is positive at 60 degrees bilaterally.

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 under fluoroscopy Lf-L5, L5-L6:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: Based on the clinical information provided, the request for lumbar transforaminal epidural steroid injection under fluoroscopy ligamentum flavum-L5, L5-L6 is not recommended as medically necessary. The submitted physical examination fails to establish the presence of active lumbar radiculopathy as required by CA MTUS Guidelines. There is no documentation of motor or sensory deficit in the lower extremities in a myotomal or dermatomal distribution. There are no imaging studies/electrodiagnostic results submitted for review. CA MTUS Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. Therefore, the request for lumbar epidural steroid injection is not medically necessary and appropriate.