

Case Number:	CM14-0054584		
Date Assigned:	07/09/2014	Date of Injury:	07/19/2012
Decision Date:	09/11/2014	UR Denial Date:	03/26/2014
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 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 49-year-old female who was reportedly injured on 7/19/2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 3/17/2014, indicates that there are ongoing complaints of neck and back pain that radiates down the left lower extremity. The physical examination demonstrated limited range of motion of the lumbar spine with pain. There was positive tenderness to palpation of the paravertebral muscles, with spasm and tight muscles noted on both sides. The straight leg raise test is positive on the left side sitting at 75. Ankle jerk is 1/4 bilaterally. Patellar jerk is 2/4 bilaterally. The left wrist has tenderness to palpation over the ulnar side. Motor strength of the bilateral lower extremities is 4+/5. Sensory examination shows decreased sensation to light touch over L4-L5 dermatomes on the left. Diagnostic imaging studies include a magnetic resonance image (MRI) of the lumbar spine dated 3/3/2014 which reveals L5-S1 degenerative bone and disc changes with annular disc bulge encroaching on epidural fat and abutting the thecal sac without nerve root encroachment. There are mild degenerative disc changes at L4-L5. Previous treatment includes medications, use of a transcutaneous electrical nerve stimulation (TENS) unit, a home exercise program, and conservative treatment. A request was made for a transforaminal lumbar epidural steroid injection at left L5-S1 and was non-certified in the pre-authorization process on 3/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Injection at Left L5 and S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the guidelines. Specifically, there is no documentation of radiculopathy at L5-S1 dermatomes. It is noted the patient has decreased sensation on the left side at L4-L5. As such, the requested procedure is deemed not medically necessary.