

Case Number:	CM14-0060003		
Date Assigned:	07/11/2014	Date of Injury:	04/04/2013
Decision Date:	10/16/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	04/30/2014

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 records, presented for review, indicate that this 58-year-old male was reportedly injured on April 4, 2013. The mechanism of injury was noted as a fall from a tree. The most recent progress note, dated June 12, 2014, indicated that there were ongoing complaints of pain. The physical examination demonstrated an alert and oriented individual, 5'5" in height and weighing 190 pounds and in no acute distress. Examination of the cervical spine showed tenderness to palpation of the paraspinal muscles. There was decreased range of motion with extension, right and left lateral flexion, and right lateral rotation. Spurling's maneuver was negative. Hoffman sign was negative. Examination of the thoracic spine demonstrated tenderness to palpation of the paraspinal muscles. There was decreased sensation to pinprick on the left and right T12 dermatomes. Examination of the lumbar spine showed exquisite point tenderness over T12 and L1 processes diffuse tenderness to palpation of the paraspinal muscles, with positive quadrant test bilaterally. There was decreased range of motion in all planes. Straight leg raise test was positive on the right. FABER'S test was negative bilaterally. Strength in the upper and lower extremities was normal. There was decreased sensation to light touch to the bilateral L4-S1 nerve root distribution. Deep tendon reflexes were hyperreflexive to the left and right ankle, but normal to bilateral knees. Diagnostic imaging studies included an MRI which showed a T12 spinous process fracture, and vertebral compression fracture at L1 with minimal retropulsion and right lamina fracture. Previous treatment included medications and conservative treatment, including physical therapy, a home exercise program, moist heat, and stretches. A request has been made for lumbar epidural steroid injection and was not certified in the pre-authorization process on April 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

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

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

Decision rationale: MTUS 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 treatment. Review of the available medical records documents conservative treatment has consisted of medications and other conservative measures, such as physical therapy, a home exercise program, moist heat and stretching, which have provided relief and improvement in symptoms. As the patient's symptoms were initially responsive to conservative treatment, this request is not considered medically necessary.