

Case Number:	CM14-0060618		
Date Assigned:	07/09/2014	Date of Injury:	10/09/2011
Decision Date:	09/12/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational Medicine and is licensed to practice in California. 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 patient is a 44 year-old male with date of injury 10/09/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/21/2014, lists subjective complaints as pain in the low back that radiates down the right lower extremity. PR-2 supplied for review is handwritten and illegible. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles with spasm, right more than left. The diagnoses are lumbar spine sprain/strain with radicular complaints and cervical spine sprain/strain with radicular complaints. The patient has completed 8 sessions of physical therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection under fluoroscopy guidance: Upheld

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

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

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must

be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case from what can be determined from an illegible handwritten note, the physical exam points to no specific dermatome and the most recent MRI of the lumbar spine done in 2012 was relatively nonspecific as well. Therefore, this request is not medically necessary.