

Case Number:	CM14-0060667		
Date Assigned:	07/09/2014	Date of Injury:	01/29/2011
Decision Date:	09/29/2014	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 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 42-year-old female who was reportedly injured on January 29, 2011. The mechanism of injury is noted as lifting. The most recent progress note dated March 27, 2014, indicates that there are ongoing complaints of back pain. Current medications include progesterone, Donnatal, Ativan, trazodone, methadone, Percocet, Vivelle, and Cymbalta. No abnormalities were noted on physical examination. Diagnostic imaging studies of the lumbar spine showed a 2 to 3 mm broad-based disc bulge from L2 through S1. With neural foraminal narrowing at L4 - L5 and L5 - S1 and progressive degenerative disc disease at L5 - S1. Previous treatment includes chiropractic care and oral medications. A request was made for injection to the foramen and epidural of the lumbar and sacral spine and was not certified in the pre-authorization process on April 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 transforaminal 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: According to the MTUS Chronic Pain Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical records there are no findings of a radiculopathy on physical examination or any imaging studies indicating neurological impingement. Considering this, the request for an injection to the foramen and epidural of the lumbar and sacral spine is not medically necessary.