

Case Number:	CM14-0065208		
Date Assigned:	07/11/2014	Date of Injury:	02/25/2010
Decision Date:	09/09/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/08/2014

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 53 year-old female with date of injury 02/25/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/03/2014, list subjective complaints as pain in the lower back that radiates down the right buttock into the right hip and groin. Objective findings include examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles and sacroiliac joints. Range of motion was reduced in extension due to pain. Sensory examination revealed diminished sensation. The diagnosis includes lumbago, lumbar radiculitis/thoracic radiculitis, lumbar myofascial sprain/strain, lumbar/lumbosacral disc degeneration, and lumbar spondylosis without myelopathy. The treatment to date includes 29 sessions of physical therapy, 14 sessions of acupuncture, and 12 sessions of chiropractic care. MRI of the lumbar spine performed on 11/11/13 was positive for 2mm osteophyte complex at L5-S1 with spinal canal and left neural foramina patent. There was a moderate right neural foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective nerve root epidural injection of the left L5 and S1 nerve roots with fluoroscopy and sedation: 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, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient is complaining of right-sided pain, but the requested injection is for the left L5 and S1 nerve roots. The MRI shows that the neural foramen are patent on the left. Therefore, the request is not medically necessary.