MAXIMUS Federal Services

Case Number:	CM14-0066282		
Date Assigned:	07/11/2014	Date of Injury:	01/19/2010
Decision Date:	09/17/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/09/2014

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 & Rehabilitation 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 injured worker is a 58-year-old male who sustained work-related injuries on January 19, 2010. He is status post rotator cuff repair and status post partial medial meniscectomy. Per March 27, 2014 records document that he complained of pain in the low back with shooting pain down both legs with the right being the worse. His pain was rated at 1010 and described it as stabbing. He noted that his feet "fall asleep". He described his pain as aching, cramping, shock-like, tiring, exhausting, shooting, and spasming. Prolonged sitting and standing exacerbated his pain. His pain affected his activities of daily living including driving, personal grooming, and walking. He has tried chiropractic and physical therapy which did not provide significant pain relief. Lumbar spine examination noted some tenderness in the paraspinal muscles. Flexion increased his low back pain and shooting pain down the right leg. Straight leg raising test provoked shooting pain down both legs bilaterally at 25 degrees. Slightly diminished reflexes were noted at the bilateral Achilles. Sensation and strength to light touch were intact. Lumbar spine magnetic resonance imaging scan performed on December 17, 2012 revealed L4-5 intervertebral disc degeneration bulge and bilateral posterolateral bulging. He was also noted to have a fissure. He was diagnosed with lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural to Bilateral L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There were subjective findings of shooting pain down both legs with right worse than left, as well as failure of conservative treatments including chiropractic and physical therapy. However, the documented objective findings and diagnostic imaging studies do not indicate lumbar radiculopathy. Moreover, electrodiagnostic studies were not performed in order to support the diagnosis of lumbar radiculopathy. Therefore, the request of Lumbar Transforaminal Epidural to Bilateral L4-L5 is not medically necessary and appropriate.