

Case Number:	CM14-0067342		
Date Assigned:	07/11/2014	Date of Injury:	11/14/2012
Decision Date:	09/12/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/12/2014

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 38 year-old female who was reportedly injured on 11/14/2002. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 3/24/2014. Indicates that there are ongoing complaints of low back pain the physical examination demonstrated lumbar spine: limited range of motion. Positive tenderness to palpation midline spine beginning the midthoracic and extending to the sacred. Tenderness is more intense in the lumbosacral region. Lower limb neurologic assessment is normal. Diagnostic imaging studies include a magnetic resonance image of the lumbar spine dated 3/13/2014 which reveals no specific abnormality identified in the lumbar spine, no impingement. Desiccated L5-S-1 disc with attenuation of the central ventral subarachnoid space, but no impingement on the thecal sac or nerve roots. Nerve conduction study of lower extremity dated 3/17/2014 reveals normal nerve conduction study. Previous treatment includes epidural steroid injection, medication, and conservative treatment. A request was made for transforaminal epidural steroid injection lumbar spine right L-5 and was not certified in the pre-authorization process on 4/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal ESI right Lumbar 5, with sedation and fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

Decision rationale: California Medical Treatment Utilization Schedule 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 care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the California Medical Treatment Utilization Schedule guidelines. Specifically, there is no documentation of radiculopathy on physical exam. As such, the requested procedure is deemed not medically necessary.