

Case Number:	CM14-0090242		
Date Assigned:	07/23/2014	Date of Injury:	08/25/2008
Decision Date:	08/28/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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 61 year-old male who was reportedly injured on 8/25/2008. The mechanism of injury is noted as a lifting injury. The most recent progress note dated 5/14/2014, indicates that there are ongoing complaints of low back pain with radiating pain in the right groin. The physical examination demonstrated: Lumbar Spine: tenderness to palpation paraspinal muscles bilaterally. Well healed lumbar scar. Diagnostic imaging studies include an magnetic resonance image of the lumbar spine dated 4/24/2014 reveals moderate to severe degenerative and postoperative changes involving the lumbar spine without disc herniation. Multilevel neural foraminal stenosis most pronounced at the L5-S1, and L4-L5 levels. Canal stenosis also noted that L3-L4, and L2-L3. Previous treatment includes previous surgery, physical therapy, and medications. A request had been made for right transforaminal lumbar epidural steroid injection at level L2-L3, and L3-L4 X 3, and was not medically necessary in the pre-authorization process on 5/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar (Transforaminal Epidural Steroid Injection) TFESI Right L2-3, L3-4 x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or 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.