

Case Number:	CM14-0090882		
Date Assigned:	07/25/2014	Date of Injury:	11/09/1989
Decision Date:	12/31/2014	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, has a subspecialty in Pain Management 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 (IW) is a 56-year-old female with date of injury 11/9/89. The treating physician report dated 5/14/14 indicates that the patient presents with persistent low back pain and right>left leg pain and cramping in the calves. Physical examination findings based on the 5/14/14 PR-2 report reveals reduced velocity gait, and minimally antalgic right. Lumbar range of motion (ROM) reveals significant limitation in flexion and extension. The patient is not working and is taking hydrocodone and Celebrex. The current diagnoses are: 1. Sciatica2. Lumbar spondylosis without myelopathy3. Lumbar degenerative disc disease (DDD) 4. Lumbar facet arthropathy. The utilization review report dated 5/28/14 denied the request for right L5/S1 transforaminal epidural steroid injection (ESI) x 2 within two weeks based on lack of medical necessity per MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection of right L5-S1: 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 (ESI) Page(s): 46.

Decision rationale: The patient is a 56-year-old female with chronic low back and leg pain. The current request is for Transforaminal Epidural Steroid Injection of right L5-S1. In reviewing the treating physician reports provided, there does not appear to be any documentation of focal neurological deficits. The MRI report does not indicate any impingement of the exiting nerve root at L5/S1 on the right. The MRI report does reveal some mild foraminal stenosis on the left at L5/S1 without definitive nerve root impingement. The MTUS guidelines clearly state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. In this case the treating physician has failed to document physical examination findings of radiculopathy and the MRI does not show any nerve root involvement as required by MTUS. Therefore, the requested transforaminal epidural steroid injection of right L5-S1 is not medically necessary and appropriate.