

Case Number:	CM14-0094190		
Date Assigned:	07/25/2014	Date of Injury:	08/22/2013
Decision Date:	09/09/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/20/2014

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 50 year-old female who was reportedly injured on 8/22/2013. The mechanism of injury is noted as low back injury while lifting boxes of frozen chicken. The previous utilization review references a progress note dated 4/11/2014, however that progress note is not provided for this independent medical review. The reviewer indicates that the progress note documented ongoing complaints of low back pain with radiation to the lower extremities. Physical examination: straight leg raise is negative bilaterally; pin prick sensation intact to lower extremity dermatomes; patient has some limited range of motion. Magnetic resonance image of the lumbar spine dated 11/19/2013 demonstrated left paracentral disk extrusion and indentation of cord and conus at T 11/12; facet hypertrophy, lateral recess stenosis and foraminal narrowing at L4/5; loss in disk height with desiccation, facet hypertrophy, 2 mm retrolisthesis and moderate foraminal stenosis at L5/S1. Previous treatment includes physical therapy, Toradol injection and activity restrictions. A request was made for outpatient bilateral transforaminal epidural steroid injection (ESI), at L5-S1 and was not certified in the utilization review on 5/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral transforaminal epidural steroid injection (ESI) at L5-S1.: Upheld

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

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: 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 objective findings on examination and/or electromyogram/nerve conduction velocity studies of the lower extremities. As such, the requested procedure is not medically necessary.