

Case Number:	CM14-0065420		
Date Assigned:	07/11/2014	Date of Injury:	08/05/2012
Decision Date:	04/07/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old male with an industrial injury dated 08/05/2012. The mechanism of injury is not document. He presents on 02/18/2014 with complaints of low back pain. He describes the pain as 6/10 on the pain scale with occasional numbness, tingling and pain in lower extremities. He states the symptoms have increased in severity since the last visit. Physical exam noted antalgic gait, tenderness to palpation to the bilateral lumbar facet joints with decreased range of motion in the lumbar spine. Straight leg raise was positive on the right at 70 degree and positive on the left at 60 degrees. Prior treatments include medial branch block, right lumbar 4-5 and lumbar 5-sacral 1 on 09/12/2013, 10 sessions of chiropractic therapy and 6 sessions of acupuncture with no relief. The provider documents the injured worker had an excellent response to the medial branch block done in September 2013. Diagnoses: Multilevel HNP of the lumbar spine with stenosis; Lumbar radiculopathy; Facet arthropathy of lumbar spine. On 04/23/2004 the request for right lumbar (lower back) transforaminal epidural steroid injection at lumbar 4, lumbar 5, and sacral 1 times 1 as an outpatient was non-certified by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar transforaminal epidural steroid injection at L4, L5, and S1 X1 as an outpatient: Upheld

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

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

Decision rationale: The patient reports ongoing low back pain with occasional numbness, tingling, and pain in the lower extremities. The current request is for right lumbar transforaminal epidural steroid injection (ESI) at L4, L5, and S1 x1 as an outpatient. The MTUS guidelines support the use of epidural steroid injections as an option. The MTUS guidelines do state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. In this case, the request for ESI is most certainly indicated by the patient's complaints and by the physical examination findings. However, in the records made available for this review, the corroboration between physical examination findings and imaging studies and/or electrodiagnostic studies were not met. There are no records which indicated radiculopathy from an MRI or EMG. These diagnostic studies may have been performed and may provide positive evidence of radiculopathy. However, without the appropriate medical documentation, the recommendation is for denial.