

Case Number:	CM13-0066666		
Date Assigned:	01/03/2014	Date of Injury:	05/13/2012
Decision Date:	04/23/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases 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 physician 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 patient is a 34 year-old female that reported an injury on 05/13/2012 and the mechanism of injury was lifting. The patient has had chronic pain despite physical therapy and medications. The patient current diagnosis is listed as Sprain of Sacrum. The patient had an electromyography study on 07/10/2013 that noted the lower extremities were in a pattern consistent with a left S1 radiculopathy. The clinical notes indicate on examination the patient had decrease range of motion with extension and flexion with pain and a positive straight leg raise on the left. The current treatment plan is for a diagnostic lumbar ESI at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic lumbar ESI at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The California MTUS guidelines indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. If the patient is initially unresponsive to conservative treatment

(exercises, physical methods, NSAIDs and muscle relaxants) an epidural steroid injections is recommended. The clinical documentation provided did not indicate the patient has measurable neurological deficits that indicate radiculopathy on physical examination. Therefore, the request for diagnostic lumbar ESI at L5-S1 is not medically necessary.