

Case Number:	CM14-0107308		
Date Assigned:	08/01/2014	Date of Injury:	06/18/2009
Decision Date:	10/10/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/10/2014

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 records presented for review indicate that this 32-year-old gentleman was reportedly injured on June 18, 2009. The mechanism of injury is stated to be cumulative trauma. The most recent progress note, dated May 21, 2014, indicates that there are ongoing complaints of low back pain with numbness and tingling in the left lower extremity as well as back spasms. The physical examination demonstrated an absent right-sided Achilles reflex and decreased sensation on the right at the L4 and L5 dermatomes. There was an antalgic gait favoring the right lower extremity. Examination of the lumbar spine noted tenderness over the paraspinal muscles, and the facet joints, and the SI joints. There was decreased lumbar spine range of motion secondary to pain. Diagnostic imaging studies of the lumbar spine dated February 7, 2014, revealed a left-sided disc bulge at L4 - L5 and a left-sided disc protrusion at L5 - S1 without nerve root involvement. Previous treatment includes lumbar epidural steroid injections and oral medications. A request had been made for a bilateral L4 - L5 transforaminal epidural steroid injection and was not certified in the pre-authorization process on June 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 Transforaminal Epidural Steroid Injection: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. According to the progress note dated May 21, 2014, there are findings of a radiculopathy on physical examination however there is no correlation with the findings of the lumbar spine MRI of February 7, 2014. Considering this, the request for lumbar spine epidural steroid injections at L4 - L5 is not medically necessary.