

Case Number:	CM14-0119020		
Date Assigned:	09/16/2014	Date of Injury:	04/19/2013
Decision Date:	10/17/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/29/2014

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 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 patient is a 60 year old female who was injured on 04/19/2013 when a bar fell on her foot. Prior medication history included ibuprofen and Vicodin. Diagnostic studies reviewed include MRI of the lumbar spine dated 05/08/2014 demonstrated mild right sided anterior superior endplate depression at L3 resulting in 25% loss of vertebral body height; chronic superior endplate compression of L2 associated with a Schmorl's node with mild retropulsion of bone to the ventral canal; disc bulge protrusion at L2-3, L1-L2 without impingement or foraminal stenosis. Office note dated 06/26/2014 states the patient presented with complaints of severe low back pain radiating anteriorly around the hips. On exam, she has 1+ reflexes of knees and ankles. There is tenderness to palpation of the low back and range of motion could not be assessed due to possible fracture. The patient is diagnosed with grade I degenerative anterolisthesis at L4-5 and superior and plate compression at L2 and L3. The patient has been recommended for L4-5 epidural injection. Prior utilization review dated 07/02/2014 by [REDACTED] states the request for Lumbar Epidural Injection under Fluoroscopy L4-5 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection Under Fluoroscopy L4-5: Upheld

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

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

Decision rationale: Guidelines state that purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical record did not document any physical exam and imaging studies to corroborate radiculopathy at the requested level. The medical necessity is not established.