

Case Number:	CM14-0124404		
Date Assigned:	08/08/2014	Date of Injury:	12/31/1999
Decision Date:	10/14/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/06/2014

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 Pain Management and is licensed to practice 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 injured worker is a 55-year-old male who sustained an injury on December 14, 2000. He is diagnosed with (a) cervical facet arthropathy, (b) cervical radiculopathy, (c) lumbar facet arthropathy, (d) lumbar radiculopathy, (e) chronic pain, and (f) cervical fusion surgery. He was seen on July 21, 2014 for an evaluation. He complained of low back pain with radiation to the right lower extremity. It was accompanied by numbness frequently in the bilateral lower extremities to the level of the feet. He reported that the pain was aggravated by activity, bending, and walking. He also complained of frequent muscle spasms in the lower back bilaterally. Examination of the lumbar spine revealed spasms over the paraspinal musculature. There was tenderness over the bilateral paravertebral area at L4-S1 levels. Motor exam showed decreased strength of the extensor muscles and flexor muscles along the L4-S1 dermatome in the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-S1 Tranforaminal Epidural Steroid Injection: Upheld

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

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

Decision rationale: There was no documentation of failure of conservative treatment. The injured worker appeared to respond favorably with medications, based on the reviewed medical records. One of the requirements of the guidelines to warrant the need for epidural steroid injection is failure of conservative treatment, such as exercise, physical methods, and medications. Hence, the request for right L4-S1 transforaminal epidural steroid injection is not medically necessary at this time.