

Case Number:	CM14-0130528		
Date Assigned:	08/20/2014	Date of Injury:	10/18/2013
Decision Date:	10/07/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/14/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 41-year-old gentleman was reportedly injured on October 18, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 23, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. Current medications include cyclobenzaprine, gabapentin, hydrocodone, and meloxicam. The physical examination demonstrated tenderness over the lumbar spine paraspinal muscles and facet joints on the left and right side with muscle spasms. There was decreased sensation on the right L4 and L5 dermatomes. Diagnostic imaging studies of the lumbar spine indicated a broad-based disc bulge with facet hypertrophy at L3-L4 and L4-L5. Previous treatment included a radiofrequency nerve ablation. A request had been made for a bilateral L4-L5 transforaminal epidural steroid injection and was not certified in the pre-authorization process on August 4, 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 Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

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 July 23, 2014, the neurological findings documented on physical examination do not agree with the MRI findings of the lumbar spine as there is no nerve root involvement shown. Considering this, the request for lumbar spine epidural steroid injections is not medically necessary.