

Case Number:	CM14-0042305		
Date Assigned:	06/30/2014	Date of Injury:	11/28/2012
Decision Date:	08/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/18/2014

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 injured worker is a 61-year-old male who was reportedly injured on 11/29/2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 3/31/2014, indicated that there were ongoing complaints of low back pain that radiated down the bilateral lower extremities. The physical examination demonstrated thoracic spine tenderness to palpation over the left side of the chest along T5-T8 dermatomal level. Lumbar spine had positive tenderness bilateral paraspinal muscles with spasms. Limited range of motion was with pain. Decreased sensitivity to touch on the L5-S1 dermatome in both lower extremities. Decreased muscle strength of the extensor muscles/flexor muscles along the L4-S1 dermatome in the left lower leg. Positive straight leg raise bilaterally at 50. Upper extremity tenderness at the right elbow and mild swelling at the right elbow. Right elbow range of motion decreased due to pain. Left upper extremity had decreased sensation to touch. Left upper extremity had decreased grip strength. Hypersensitivity noted in the left upper extremity. Bilateral lower extremities had positive tenderness of the left knee and mild swelling in the right knee. Left knee range of motion had decreased due to pain. Decreased muscle strength on the left lower extremity. No recent diagnostic studies were available for review. Previous treatment included psychological referral, physical therapy, medications and conservative treatment. A request had been made for bilateral epidural steroid injection L4-S1 and was not certified in the pre-authorization process on 2/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRANSFORAMINAL EPIDURAL L4-S1: Upheld

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

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Decision rationale: The California Medical Treatment Utilization Schedule allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there was insufficient clinical evidence that the proposed procedure meets the California Medical Treatment Utilization Schedule guidelines. Specifically, there was no documentation of a corroborative electrodiagnostic study. As such, the requested procedure is deemed not medically necessary.