

Case Number:	CM14-0096626		
Date Assigned:	07/28/2014	Date of Injury:	02/21/2013
Decision Date:	10/03/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/24/2014

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 underlying date of injury in this case is 02/21/2013. The date of utilization review under appeal is 06/02/2014. The patient's diagnosis is lumbar disc displacement. On 05/16/2014, the treating physician saw the patient in followup regarding low back pain and right lower extremity pain. The patient reported pain in the low back and burning in the right lower extremity. The pain was 8/10. The treating physician noted that a CT myelogram of the lumbar spine on 08/02/2013 showed moderate to severe lumbar spondylosis at L3-4 as well as severe disc space narrowing at L4-5 and moderate to severe disc space narrowing at L3-4. There was a multilevel vacuum disc phenomenon noted, with extrusion of gas into the L3-4 disc and also mild to moderate narrowing at L5-S1. On exam the patient had normal strength and reflexes in the lower extremities with sensation reduced in the right L4 and L5 dermatomes. The treating physician recommended epidural injections in order to reduce discogenic pain and improve function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 L5 selective transforaminal epidural steroid injection under fluoroscopic guidance and conscious sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation

ODG(The Official Disability Guidelines) Treatment Index, 11th edition (web) 2013, Pain Chapter, Sedation

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, state that radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical records at this time are those of multilevel discogenic pain. The symptoms, exam findings, and diagnostic findings do not clearly correlate to support nerve compression at a particular root level. The treatment guidelines have not been met. This request is not medically necessary.