

Case Number:	CM13-0002190		
Date Assigned:	07/24/2013	Date of Injury:	08/29/2006
Decision Date:	01/29/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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.

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 08/29/2006. The primary treating diagnosis is 338.2 or chronic pain. The patient is a 61-year-old woman with ongoing treatment for chronic pain. Treating physician notes indicate that the patient has a history of low back pain with sitting for more than 2 hours and that she has pain on palpation in the lumbar spine with right sciatic symptoms. No specific motor or sensory deficits have been noted on examination other than positive straight leg raising or generalized weakness due to pain. An initial physician reviewer recommended non-certification of a request for a lumbar epidural injection with the rationale that the records do not document a radiculopathy by the criteria in the treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Epidural L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Epidural Injections, page 46, states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." A review of the medical records at this time do not meet these criteria to support the presence of a radiculopathy.

Particularly in the chronic setting, the records and guidelines do not document a probable clinical benefit from this treatment. The request for Lumbar Spine Epidural L4-5 is not medically necessary and appropriate.