

Case Number:	CM13-0006380		
Date Assigned:	12/11/2013	Date of Injury:	04/02/2012
Decision Date:	01/23/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/02/2013

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 Occupational Medicine 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. 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 patient has an injury to the low back dated April 2, 2012. He reports low back pain and left leg pain, and has a positive straight leg raise. Patient has an MRI dated August 17, 2012 revealing lumbar spondylosis, worse at L4 -5, with bilateral neural foraminal narrowing. On July 2, 2013 the patient had radiating pain down his left leg with a positive straight leg raise on the left side. The exam showed normal sensory and motor findings and reflexes were normal. The treating doctor recommended epidural injections for the radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine, left L4-5, epidural steroid injection with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Epidural Steroid Injections.

Decision rationale: CA MTUS CP guides recommend epidural steroid injections (ESI) as treatment for radicular pain. Criteria include radiculopathy documented by physical examination and corroborated by imaging studies, and unresponsiveness to conservative treatment. This patient does not meet criteria for epidural steroid injections. The MRI findings do not

corroborate the neurological findings on exam. Therefore the request for treatment is not medically necessary.