

Case Number:	CM13-0008803		
Date Assigned:	12/18/2013	Date of Injury:	02/05/2013
Decision Date:	02/13/2014	UR Denial Date:	06/17/2013
Priority:	Standard	Application Received:	08/08/2013

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, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of 2/5/13. A utilization review determination dated 6/17/13 recommends certification of a pain management consultation and non-certification of an epidural steroid injection. A progress report dated 6/12/13 identifies subjective complaints which include low back pain with radiation down both lower extremities. The patient saw [REDACTED] (neurosurgeon) who said that the MRI scan was consistent with a disc bulge at L5-S1, but there was no extruded disc fragment. [REDACTED] felt that the patient had a totally normal neurological examination and that he was not a candidate for surgery. He recommended physical therapy and pain management with epidural cortisone injections if needed. Objective examination findings identify no abnormalities. Treatment plan recommends physical therapy and approval for pain management and epidural cortisone injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Cortisone Injections QTY of 1: Upheld

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

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

Decision rationale: Regarding the request for an epidural cortisone injection, California MTUS cites that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Within the documentation available for review, there are no specific radicular complaints. The physical examination findings are not suggestive of radiculopathy and there are no imaging or electrodiagnostic studies consistent with radiculopathy. In light of the above issues, the currently requested epidural cortisone injection is not medically necessary.