

Case Number:	CM13-0010566		
Date Assigned:	09/20/2013	Date of Injury:	10/09/2012
Decision Date:	01/28/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/14/2013

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 & 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. 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 10/09/2012. The primary treating diagnosis is 722.10. This patient has been treated for constant low back pain extending to both lower extremities, worse on the right. A magnetic resonance imaging (MRI) of 06/05/2013 demonstrated a disc protrusion with annular tear at L5-S1 with associated mild neuroforaminal narrowing. An initial physician review noted that the medical records did not support findings of a radiculopathy to support the requested treatment. On 07/11/2013, a primary treating physician note requested an epidural steroid injection at L5-S1 based upon a clinical examination corroborating objective findings as well as an MRI evaluation of 06/05/2013. At that time the patient reported low back pain extending to both lower extremities, worse on the right. On physical examination, the patient had palpable tenderness at the lumbar paraspinals with taught band and muscle spasms, especially on the right. Forward flexion increased pain. Right lateral flexion was painful compared to the left. Straight leg raising was positive on the right. No specific neurological examination was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection, L5-S1: Upheld

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

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

Decision rationale: The MTUS guidelines state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." At this time the medical records at the time of the request for an epidural injection did not contain a neurological examination. The medical records therefore do not meet the guidelines to corroborate physical examination with diagnostic findings. This request is not medically necessary.