

Case Number:	CM13-0012114		
Date Assigned:	11/20/2013	Date of Injury:	02/24/2012
Decision Date:	01/16/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/16/2013

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 Anesthesiology and 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:

47-year-old male injured worker with injury date 2/24/12 diagnosed with lumbosacral and thoracic sprain. MRI dated 10/23/12 shows mild facet degeneration, bilateral pars defects, and minimal annular bulging. The patient's lower back pain is refractory to acupuncture, medication, and physical therapy. The UR determination date was 8/9/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural injection time1 at levels L5-S1 interlaminar approach under fluoroscopic guidanc: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, (ESIs).

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines indicate that the purpose of an epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. However, this treatment alone offers no significant long-term functional benefit. MTUS criteria for the use of Epidural steroid injections stipulate that radiculopathy must be documented

by physical examination and corroborated by imaging studies. The records submitted lack documentation of radiculopathy. His physical exam demonstrated weakness, but specifically there was no numbness, paresthesia, nor diminished reflex. The MRI demonstrates no nerve root contact (however, with bilateral pars defects he may have instability). Radiculopathy was ruled out via electrodiagnostic study performed by [REDACTED] on 11/6/12, thus this request is not medically necessary.