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| Case Number: | CM13-0014257 | | |
| Date Assigned: | 10/03/2013 | Date of Injury: | 09/30/2012 |
| Decision Date: | 01/21/2014 | UR Denial Date: | 08/16/2013 |
| Priority: | Standard | Application Received: | 08/20/2013 |

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 Medicine and is licensed to practice in Florida. 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 patient is a 30-year-old male who sustained a work-related injury on 02/15/2013. The clinical information indicates the patient has been treated with chiropractic therapy, physical therapy, and medication management. An MRI of the lumbar spine revealed no evidence of disc bulge or herniation, as well as normal central canal, lateral recesses, and intervertebral neural foramina. The most recent evaluation submitted for review dated 09/17/2013 documented subjective complaints by the patient of persistent pain, which radiated from the back down into the back of the right lower leg and wrapping around into the knee. Physical examination revealed no neurological deficit, deep tendon reflexes remained intact, muscle strength remained symmetrical, and no obvious sensory deficit. There was tenderness over the right L5 facet joint and right paraspinal muscles were in spasm. The treatment plan included a request for authorization of an epidural steroid injection of the lumbar spine.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46-47.

Decision rationale: The Chronic Pain Guidelines indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. While the physical examination findings are suggestive of radiculopathy at the L4 or L5 nerve root, the imaging study provided revealed a normal lumbar spine. Given the lack of documentation that supports the criteria for the use of epidural steroid injection, the request for lumbar epidural steroid injection L5-S1 is not certified.