

Case Number:	CM13-0016520		
Date Assigned:	12/18/2013	Date of Injury:	04/08/2011
Decision Date:	02/14/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

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 and is licensed to practice in New York and Texas. 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 is a 58 year old female who sustained a work related injury on 04/08/2011. The patient's diagnoses included low back syndrome and lumbar spine herniated nucleus pulposus. The patient's prior treatments include physical therapy, acupuncture, injections, and medication management. Subjectively, the patient reported complaints of moderate, intermittent low back pain with radiation down the left lower extremity. Objectively, the patient had limited range of motion, tenderness to palpation, a negative straight leg raise, and intact sensation. Physician recommendations included home heat and ice as needed, topical analgesic ointment as needed, a home exercise program, over the counter analgesic/anti-inflammatory medications as needed, Vicodin, and a lumbar corset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management for lumbar epidural steroid injection: 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 (ESIs), Page(s): 46.

Decision rationale: CA MTUS Guidelines for the use of epidural steroid injections state that "radiculopathy must be documented on physical exam, corroborated by imaging study and/or electrodiagnostic testing, and should be initially unresponsive to conservative treatment". The clinical information submitted for review lacks objective documentation of neurological deficits or motor weakness. Additionally, there is a lack of an imaging study or electrodiagnostic study to corroborate radiculopathy. Given the above, a lumbar epidural steroid is not warranted as there is not sufficient evidence to support a radiculopathy pathology which in turn would void the necessity for pain management. As such, the request for a pain management for a lumbar epidural steroid injection is noncertified.