

Case Number:	CM13-0016635		
Date Assigned:	11/06/2013	Date of Injury:	03/13/2012
Decision Date:	03/10/2014	UR Denial Date:	08/14/2013
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 Anesthesiology, has a subspecialty in Pulmonary Disease 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 patient is a 47-year-old male who reported a work-related injury on 03/13/2012 as the result of strain to the lumbar spine. The patient has a prior history of lumbar surgical interventions in 1989 and a cervical fusion performed in 2006. The clinical note dated 09/27/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient, upon physical exam of the lumbar spine, range of motion was 25% of normal, flexion was 50% of normal, and bilateral and lateral bending was 50% of normal, straight leg raising caused pain to the back and legs bilaterally. Motor and sensory exams were normal. The provider documented a review of the patient's MRI of the lumbar spine did not show stenosis or disc herniation but did reveal facet arthritis at L4-5, L5-S1. The provider concurred with [REDACTED] who recommended an epidural steroid injection for the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The current request is not supported. The California MTUS indicates, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." There was no official imaging submitted for review of the patient's lumbar spine to evidence objective findings of radiculopathy such as nerve root impingement. Additionally, upon physical exam of the patient, there was no motor, neurological, or sensory deficits evidenced. Given all the above, the request for lumbar spine epidural steroid injection is neither medically necessary nor appropriate.