

Case Number:	CM13-0016671		
Date Assigned:	12/11/2013	Date of Injury:	10/02/2012
Decision Date:	01/31/2014	UR Denial Date:	08/19/2013
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 Ohio 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 clinical documentation submitted or review does not meet the guideline recommendations. The patient has complained of low back pain with radiation to the lower extremity. The patient received an epidural steroid injection on 03/08/2013 with no clinical documentation submitted to show the efficacy of the injection. The patient was reported to have some tenderness with palpation of the right quadratus lumborum but no major spasms and no major tenderness with normal range of motion. The California MTUS recommends epidural steroid injections as an option for treatment of radicular pain. The guidelines state radicular pain must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the patient must be initially unresponsive to conservative treatment. No imaging studies were submitted to corroborate the diagnosis of radiculopathy. As such, the request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural 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 Injections (ESIs) Section Page(s): 46-47.

Decision rationale: The clinical documentation submitted or review does not meet the guideline recommendations. The patient has complained of low back pain with radiation to the lower extremity. The patient received an epidural steroid injection on 03/08/2013 with no clinical documentation submitted to show the efficacy of the injection. The patient was reported to have some tenderness with palpation of the right quadratus lumborum but no major spasms and no major tenderness with normal range of motion. The California MTUS recommends epidural steroid injections as an option for treatment of radicular pain. The guidelines state radicular pain must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the patient must be initially unresponsive to conservative treatment. No imaging studies were submitted to corroborate the diagnosis of radiculopathy. As such, the request is non-certified.