

Case Number:	CM13-0017000		
Date Assigned:	10/11/2013	Date of Injury:	02/01/2010
Decision Date:	02/05/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/27/2013

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 Orthopedic has a subspecialty in Surgery, and is licensed to practice in New Hampshire, New York and Washington. 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 to his back while shoveling the radial base at work. He takes naproxen, Neurontin and Zanaflex. He's been treated with physical therapy and a TENS He is a 44-year-old male with the date of injury of February 1, 2010. Nerve conduction studies from January 2000 a ladder show no evidence of denervation or conduction deficit in the lower extremities. Patient was reported to achieve maximal medical improvement in September 2010. On physical examination showed reduced range of motion back negative straight leg rising. No evidence of neurologic deficit on examination the lower extremities is reported. MRI the lumbar spine from March 2012 known small disc protrusion at L4-5 with disc degeneration at L4-5 and a should roll noted L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left sided L5-S1 transforaminal and translaminar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS, Chronic Pain Medical Treatment Guidelines, P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Criteria for the use of Epidural Steroid Injections .

Decision rationale: This patient has not been established guidelines epidural steroid injection. Specifically the patient does not have a documented radiculopathy in the lower extremities. In addition the EMG study is normal in the bilateral lower extremities and shows no evidence of

radiculopathy. The MRI shows minimal disc protrusion without any evidence of significant nerve impingement