

Case Number:	CM13-0020167		
Date Assigned:	12/11/2013	Date of Injury:	05/20/2010
Decision Date:	01/22/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/04/2013

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 Surgery 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 42-year-old gentleman who was injured on 05/20/10. Recent orthopedic assessment with [REDACTED] of 10/01/13 indicates ongoing complaints of low back pain with symptomatic flare. Physical examination at that date demonstrates the claimant is with restricted lumbar range of motion, limping, with a positive sensory deficit with no dermatomal distribution documented. He was diagnosed with a left lower extremity radiculopathy based on positive MRI of a disc protrusion at L4-5, status post microdiscectomy of 06/20/12 at the left L4-5 level. A postoperative imaging report was not available. Requested was a caudal epidural steroid injection to the claimant's lumbar spine for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

A caudal 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 Injections Page(s): 46.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, epidural injections are defined as necessary where radiculopathy is noted on physical examination and corroborated by

imaging studies and/or electrodiagnostic testing. Records for review at present fail to demonstrate specific nerve root compromise on examination with no postoperative imaging or electrodiagnostic testing available for review since time of the claimant's 2012 surgical process to the L4-5 level. The absence of the above would fail to necessitate the need for procedure based on clinical guidelines criteria.