MAXIMUS Federal Services

Case Number:	CM13-0022667		
Date Assigned:	11/13/2013	Date of Injury:	05/18/2004
Decision Date:	02/04/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/10/2013

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, has a subspecialty in Interventional Spine 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 46 year-old male with a 5/18/04 industrial injury involving the lower back from heavy lifting. He completed a functional restoration program, but continues with low back and lower extremity pain. I am asked to review for an L4/5 epidural steroid injection (ESI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46,47.

Decision rationale: MTUS states ESIs are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." A review of the PR-2s from [redacted] from 1/31/13 through 8/30/13 do not document any dermatomal distribution patterns. MTUS has criteria for an ESI, and the first item is "Radiculopathy must be documented by physical examination and corroborated by

imaging studies and/or electrodiagnostic testing." The reporting in the PR-2s does not show radiculopathy, and there were no MRI reports available in the records, as well as the EMG/NCV dated 5/24/12 of the lower extremities was read as normal. The MTUS criteria for ESI has not been met.