

Case Number:	CM13-0024418		
Date Assigned:	12/27/2013	Date of Injury:	11/26/2007
Decision Date:	03/14/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/16/2013

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 Illinois. 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 male who reported an injury on 11/26/2007. The mechanism of injury was not specifically stated. The patient is currently diagnosed with lumbar spinal spondylosis, lumbar spinal stenosis, and degenerative disc disease in the lumbar spine. The patient was seen by [REDACTED] on 06/28/2013. The patient reported persistent complaints of lower back pain with radiation to the bilateral lower extremities. The physical examination revealed restricted range of motion of the lumbar spine and an antalgic gait. The treatment recommendations included epidural steroid injections and facet injections from L2-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection L2-3, L3-4, L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by

imaging studies and/or electrodiagnostic testing. As per the documentation submitted, the patient's physical examination on the requesting date of 06/28/2013 only revealed restricted range of motion and an antalgic gait. There was no evidence of radiculopathy. Furthermore, there is no evidence of a failure to respond to recent conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. The Official Disability Guidelines state no more than 2 nerve root levels should be injected using transforaminal blocks, and no more than 1 interlaminar level should be injected at 1 session. Based on the clinical information received and the California MTUS Guidelines, the request is noncertified.