

Case Number:	CM13-0027359		
Date Assigned:	11/22/2013	Date of Injury:	06/14/1993
Decision Date:	04/17/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 expert 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 57-year-old male who reported an injury on 06/14/1993. The mechanism of injury was not specifically stated. The patient is currently diagnosed with lumbar sprain, lumbago, and degenerative lumbar disc disease. The patient was seen by [REDACTED] on 08/21/2013. The patient reported persistent lower back pain. Physical examination revealed positive trigger points and a symmetrical gait. Treatment recommendations included an L3-4 epidural steroid injection. It is also noted that the patient underwent an MRI of the lumbar spine on 05/07/2013, which indicated disc desiccation with disc bulging at L3-4 with mild dural compression and bilateral lateral recess narrowing encroaching the traversing L4 nerves.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION OF DIAGNOSTIC OR THERAPEUTIC ANESTHETIC OR ANTISPASMODIC SUBSTANCE (INCLUDING NARCOTICS); EPIDURAL, LUMBAR OR CAUDAL, SINGLE: Upheld

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

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

Decision rationale: 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. As per the documentation submitted, there is no evidence of radiculopathy upon physical examination. There is no documentation of an unresponsiveness to conservative treatment, including exercises, physical methods, NSAIDs, and muscle relaxants. There is also no documentation of this patient's active participation in a rehabilitation program. Based on the clinical information received, the patient does not meet the criteria for the requested procedure. As such, the request is non-certified.