

Case Number:	CM13-0027747		
Date Assigned:	06/06/2014	Date of Injury:	01/22/1999
Decision Date:	11/05/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 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:

This patient is a 64 year old female with an injury date on 01/22/99. Based on the 08/15/13 progress report provided by [REDACTED], the patient complains "of severe pain over the lower back." No other subjective or objective pain was mentioned. Her diagnoses include the following: Degenerative Spondylosis of the lumbar spine, Lumbago and Lumbar radiculopathy. [REDACTED] is requesting for Lumbar Epidural Steroid Injection. The utilization review denied the request on 09/04/13. [REDACTED] is the requesting provider, and he provided treatment reports from 01/14/13 to 08/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR 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 Lumbar-ESI Page(s): 48 and 47.

Decision rationale: According to the 08/15/13 and 02/15/13 reports by [REDACTED], the patient presents with lower back pain. The request is for lumbar epidural steroid injection. The provider

does not mention the patient has leg pain on exam. There is no MRI report provided to indicating any potential nerve root problems. No examination findings are provided showing positive straight leg raise, weakness, or sensory changes on the same side as the pain. The request was denied by utilization review dated 09/4/13 with the rationale as not medically necessary. For lumbar ESI, MTUS guidelines state "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, the patient does not present with any leg symptoms. MRI does not show any evidence of potential nerve root problems. ESI's are not indicated per MTUS. Therefore, this request is not medically necessary.