

Case Number:	CM13-0028389		
Date Assigned:	01/15/2014	Date of Injury:	04/14/2012
Decision Date:	03/24/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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 Family Medicine, 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:

This patient sustained a work-related injury on 4/14/12. The note dated 09/11/13 states that the patient's symptoms consist of constant low back pain with radiation around the waist and down both of his legs. There is also tingling in both of his feet, and pain in his right knee. He had an antalgic gait on examination. The range of motion of the lumbar spine showed restriction in flexion and lateral bending. He exhibited tenderness in the paraspinal muscles bilaterally and some tenderness in the sacroiliac joints. Reflex testing of the lower extremities showed 1+ symmetrical reflexes at the knees. Diagnoses include degenerative lumbar disc disease and spondylolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection at L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESIs) are recommended as an option for the treatment of radicular pain. To

recommend ESIs, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. This patient has chronic low back pain with radiation to the bilateral lower extremities. However, the clinical exam report does not reveal a dermatomal distribution, nor are there any imaging or electrodiagnostic studies cited to confirm a diagnosis of true radiculopathy. On the basis of the clinical documentation presented and the MTUS guidelines, the request for epidural steroid injection is noncertified.