

Case Number:	CM13-0028576		
Date Assigned:	11/27/2013	Date of Injury:	10/25/2005
Decision Date:	02/04/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/25/2013

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 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 was noted to have an MRI on 10/25/2012, which indicated the patient had no central canal stenosis or neural foraminal narrowing. The patient was noted to have moderate bilateral facet joint arthrosis at L4-5 and L5-S1 and mild bilateral facet joint arthrosis at L1-2 and L3-4. There was noted to be no disc herniation with the exception of the level of L1-2 there was a mild annular disc bulge and L5-S1 there was a mild annular disc bulge. The patient was noted to have moderate tenderness to the palpation of the lumbar spine and increased pain with extension of the lumbar spine. The diagnoses were noted to include lumbar spondylosis, lumbar radiculopathy, sacroiliac pain, and myofascial pain syndrome along with lumbar degenerative disc disease. The request was made for a lumbar epidural steroid injection.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation AMA Guides, and ODG, Low Back, criteria for epidural steroid injections.

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

Decision rationale: California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review failed to provide the patient had objective physical examination findings of radiculopathy, corroboration per imaging studies and failed to provide documentation the patient was initially unresponsive to conservative treatment. There was a lack of documentation of objective myotomal and dermatomal findings to support the necessity for an epidural steroid injection. Additionally, there was a lack of documentation of the level of injection being requested. Given the above, the request for lumbar epidural steroid injection is not medically necessary.