

Case Number:	CM13-0031227		
Date Assigned:	12/04/2013	Date of Injury:	08/20/2012
Decision Date:	04/17/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/02/2013

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 Sports Medicine and is licensed to practice in Texas. 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 22-year-old male who reported an injury on 08/20/2012. The mechanism of injury involved a motor vehicle accident. The patient is currently diagnosed with mass at the left scapular region, musculoligamentous sprain of the lumbar spine, multilevel disc bulging in the lumbar spine, lumbar radiculopathy, and status post arthroscopic surgery to the left knee. The patient was seen by [REDACTED] on 09/09/2013. Physical examination revealed well-healed portals in the left knee, residual weakness of the quadriceps muscle, tenderness of the lumbar spine and sciatic nerves bilaterally, and an unchanged neurologic examination. Treatment recommendations included a second 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 BILATERAL L4-L5: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. There was no evidence of

radiculopathy upon physical examination. There were no imaging studies or electrodiagnostic reports submitted for review. There was no evidence of an initial unresponsiveness to recent conservative treatment. Additionally, the patient has been previously treated with an epidural steroid injection. However, there was no evidence of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial injection. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.