

Case Number:	CM13-0031529		
Date Assigned:	12/04/2013	Date of Injury:	07/13/2006
Decision Date:	01/28/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/03/2013

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 Orthopedic Surgery, 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 injured in July of 2006. There are multiple medical records documenting a number of different complaints and treatment. However, there is no documentation in the medical record provided of MRI testing documenting a neural compressive lesion of the lumbar spine or evidence of true neurologic deficit.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 epidural steroid injection under fluoroscopy: Upheld

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

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

Decision rationale: Guidelines document the use of lumbar epidural steroid injections in patients who have a neural compressive lumbar lesion with a disc herniation and nerve root compression, neurologic deficit, and failure of other appropriate conservative care. That is not documented in this case. Therefore, the requested lumbar epidural steroid injection is not medically necessary.