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| Case Number: | CM13-0033846 | | |
| Date Assigned: | 12/06/2013 | Date of Injury: | 08/18/2010 |
| Decision Date: | 11/13/2014 | UR Denial Date: | 09/21/2013 |
| Priority: | Standard | Application Received: | 10/11/2013 |

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 Occupational 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 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 26 year old male who developed persistent bilateral knee and low back pain subsequent to an injury dated 8/8/10. He was diagnosed with a large chondral defect and has had knee surgery in an attempt to address this. He had an lumbar MRI performed in '10 which revealed lower lumbar disc extrusions at L4-5, L5-S1. Several evaluations noted no radiculopathic findings with normal reflexes, sensation and strength. A consultant in '13 documented bilateral L5 diminished sensation and requested bilateral L3-S1 epidural injections. The primary care physician did not find these L5 deficiencies and electrodiagnostic testing was negative for overt lumbar nerve root dysfunctions.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION TO THE LUMBAR SPINE (UNSPECIFIED LEVEL): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: MTUS Guidelines support the use of epidural injections if specific criteria are met. These criteria include a clinically defined dermatomal radiculopathy that corresponds

with testing results. The prior MRI was consistent with a possible radiculopathy, but the clinical findings and electrodiagnostic are not consistent with what appears to be a request for L3-S1 bilateral epidural injections. Under these circumstances, the request for lumbar epidural injections is not consistent with Guidelines and is not medically necessary.