

Case Number:	CM13-0035861		
Date Assigned:	12/13/2013	Date of Injury:	05/16/2012
Decision Date:	02/12/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/18/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

The patient is a 45 year old man who sustained a work related injury on May 16 2012. According to the note dated on September 19 2013, the patient developed back pain. Physical examination showed lumbar tenderness. His MRI of the lumbosacral spine performed on June 1 2013 demonstrated lumbar disc desiccation, disc protrusion at L3-4. The patient was treated with Ultram and Flector.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) Epidural Steroid Injection (ESI) at L3-L4, L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to California MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. In this case there is no clear evidence of radicular pain. There is no clear documentation of clinical evidence of lumbar radiculopathy. His neurological examination wasn't focal. Also there is no clear evidence of trial of conservative therapies such as physical therapy, muscle relaxant medications and NSAID.. The California

MTUS guidelines does not recommend epidural injections for back pain without clear evidence of radiculopathy radiculopathy. Therefore the request is not medically necessary and appropriate.