

Case Number:	CM13-0037355		
Date Assigned:	12/13/2013	Date of Injury:	11/25/2012
Decision Date:	02/12/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/23/2013

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 Family Practice 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 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 53-year-old male who reported an injury on 11/25/2012. The patient is currently diagnosed with chronic lumbar sprain and strain, multilevel disc herniation, secondary bilateral lumbar radiculopathy, and small compression fracture of L4. The patient was seen by [REDACTED] on 06/13/2013. The patient reported persistent pain with numbness and weakness in the bilateral lower extremities. Physical examination revealed diminished range of motion. Treatment recommendations included an epidural steroid injection with post-injection physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection (ESI) right L4, left L5 and right S1: 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: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to

conservative treatment. As per the clinical notes submitted, the patient underwent an MRI of the lumbar spine on 04/23/2013 which indicated mild bilateral neural foraminal narrowing at L3-4, no significant neural impingement at L4-5, and moderate bilateral neural foraminal narrowing at L5-S1. There is no documentation of this patient's failure to respond to recent conservative treatment. It was noted on 06/13/2013 by [REDACTED] the patient's range of motion improved with acupuncture and physical therapy. The patient is currently pending electrodiagnostic studies. Additionally, there is no documentation upon physical examination of radicular symptoms. The physical examination on the requesting date of 06/13/2013 indicated only decreased range of motion. The medical necessity for the requested service has not been established. As such, the request is non-certified.