

Case Number:	CM13-0039081		
Date Assigned:	12/18/2013	Date of Injury:	07/31/2012
Decision Date:	02/10/2014	UR Denial Date:	10/01/2013
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 claimant is a 43-year-old male who injured his low back in a work related accident July 31, 2012. The MRI report dated February 17, 2013 showed a pars defect with anterior spondylolisthesis of L5-S1 with noted compression of the L5 nerve root at that level. A September 4, 2013 progress assessment by [REDACTED] documented a diagnosis of lumbar strain with underlying degenerative change and radicular pain on the left. The physical examination showed restricted lumbar range of motion with positive left side straight leg raise with diminished sensation on the lateral aspect of the left leg and weakness with plantar flexion. Due to the ongoing nature of the claimant's complaints and failed conservative care, a radicular epidural steroid injection was recommended for further treatment. The records do not indicate documentation of a recent or previous epidural steroid injection for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for lumbar epidural steroid injection dated 09/04/13: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural steroid injections (ESIs), Page(s): 46.

Decision rationale: Based on the MTUS Chronic Pain Treatment Guidelines the epidural steroid injection appears medically necessary. The MTUS guideline criteria indicate that an epidural injection should be given for radiculopathy documented by physical examination corroborated by imaging studies or electrodiagnostics testing. The records in this case show compressive pathology at the L5 level on MRI scan with concordant findings on examination in the form of sensory change and weakness to the left lower extremity. In absence of documentation of prior epidural injections, the role of this procedure appears medically necessary.