

Case Number:	CM13-0039687		
Date Assigned:	12/27/2013	Date of Injury:	08/27/2008
Decision Date:	05/15/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 52-year-old male who reported an injury on 08/27/2008. The mechanism of injury was not provided. A Request for Authorization for a lumbar epidural steroid injection at L4-5 and L5-S1 was submitted on 09/17/2013. However, the latest Physician's Progress Report submitted for this review is documented on 07/25/2013. The injured worker reported persistent lower back pain. Physical examination revealed tenderness to palpation in the lumbar region painful range of motion and a mildly antalgic gait. Treatment recommendations at that time included authorization for physical therapy and continuation of current medications. It is noted that the injured worker underwent an MRI of the lumbar spine on 08/24/2012, which indicated mild disc desiccation without narrowing at L4-5 and normal disc size with no evidence of protrusion or bulging at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION L4-L5, L5-S1 BILATERAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain with use in conjunction with other rehab efforts. There is no documentation of radiculopathy upon physical examination. There was also no evidence of nerve root impingement upon imaging study. There was no documentation of an exhaustion of conservative treatment, to include exercises, physical methods, NSAIDs and muscle relaxants. Based on the aforementioned points, the injured worker does not meet the criteria for the requested procedure. As such, the request is non-certified.