

Case Number:	CM13-0039729		
Date Assigned:	12/20/2013	Date of Injury:	06/14/2005
Decision Date:	06/03/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/09/2013

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 Orthopaedic Surgery has a subspecialty in Hand 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 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 records reflect that this 55-year-old gentleman slipped and fell and sustained a low back injury. There is tenderness to palpation noted. A decreased range of motion is also identified. There is weakness to the left EHL and quadriceps musculature. A decrease in the sensory examination is also identified. The true plan included epidural steroid injections. There is a history of a transcutaneous disc procedure and a lumbar fusion with a repeat fusion. The most recent MRI presented for review is dated 2011. No specific nerve root encroachment is objectified.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT LUMBAR EPIDURAL INJECTIONS AT L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

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

Decision rationale: When noting the date of injury, the multiple surgeries (lumbar fusion, hardware removal, no apparent complication) completed, the lack of any objectification of nerve root encroachment or radiculopathy (MRI December 2011 "not associated with nerve

impingement"), the criteria for such a procedure as outlined is simply not met. Furthermore, when noting the previous unsuccessful attempts (March, 2012) at such a procedure, repeating same does not appear to have any noted efficacy. Therefore, based on guidelines and a review of the documents, the request for Left Lumbar Epidural Injections are not medically necessary.