

Case Number:	CM13-0040351		
Date Assigned:	12/20/2013	Date of Injury:	09/02/2008
Decision Date:	02/24/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/09/2013

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 patient is a 45-year-old gentleman who was injured in a work related accident on 09/02/08. Specific to his low back, the clinical progress reports for review did not include formal imaging to the lumbar spine. There is documentation that a previous MRI report of 08/05/13 demonstrated a 4 millimeter central disc protrusion and desiccation at the L4-5 level and a 2 millimeter disc protrusion at the L5-S1 level. The last clinical assessment by [REDACTED] on 08/29/13 documented neck complaints as well as right greater than left leg pain. Formal physical examination findings were not supported of neurological process. At present, there is a request for an epidural steroid injection to be performed at the L4-5 level under fluoroscopic guidance. There was no indication of prior or recent treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 LUMBAR EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY: Upheld

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 Chronic Pain Medical Treatment Guidelines MTUS Chronic Pain: Epidural steroid injections (ES).

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, an epidural injection would not be supported. Chronic Pain Guidelines require that radiculopathy must clearly be documented on physical examination findings and corroborated by imaging or electrodiagnostic evidence before proceeding with injection therapy. The records in this case fail to demonstrate specific radicular findings to the lower extremities with MR imaging formal report unavailable for review, but documentation that indicates no specific neurocompressive compromise is seen. The role of the above L4-5 injection be performed, would thus, not be indicated.