

Case Number:	CM13-0044098		
Date Assigned:	12/27/2013	Date of Injury:	12/15/2008
Decision Date:	04/28/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/26/2013

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 Occupational Medicine 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:

This is a 49 year old male patient s/p injury 12/1/08 to 2009. 9/17/13 progress note states that the patient continues to complain of lower back pain, left lower extremity pain. There is decreased sensation in the right L5 and S1 distributions. The symptoms are unchanged since the last evaluation. The treatment plan states that the patient would like to undergo lumbar spine epidural injections at L4-5 (series of 3) due to his unchanged complaints. Lumbar MRI 9/12/13 demonstrated L4-5 normal disc height. There was a disc protrusion with no central or foraminal stenosis. There was left facet joint effusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE EPIDURAL INJECTIONS AT L4-5: 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 EPIDURAL INJECTION. Page(s): 46..

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative

treatment. The MRI does not confirm correlating anatomic nerve root compression with no foraminal stenosis found at L4-5. A series of 3 injections is not supported by guidelines. The exact scope of duration of conservative care including duration and response to therapy is not entirely clear. The request is not medically necessary.