

Case Number:	CM13-0045462		
Date Assigned:	12/27/2013	Date of Injury:	05/03/1999
Decision Date:	03/14/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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:

██████████ was injured on 05/03/99 and presented with right leg radicular complaints on 10/18/13 that were acute in nature. Physical examination demonstrated decreased Achilles reflex, and weakness in dorsiflexion. MRI showed a neuroforaminal stenosis of L5-S1. Medications utilized in his care have included opioids, and muscle relaxants. The history also notes that he has had previous acute sciatica and has not responded to physical therapy and has favorably responded to epidural steroid injections, most recently 10 years ago.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Neural Foraminal Epidural Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

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

Decision rationale: Based upon on this information, it is reasonable to proceed with epidural steroids as requested. Guidelines require that a radiculopathy is documented on examination and corroborated on imaging. In this case subjective complaints and objective findings are consistent

with a radiculopathy, and an MRI confirmed a neurocompressive lesion with documented abnormal reflexes and motor strength