

Case Number:	CM13-0048288		
Date Assigned:	12/27/2013	Date of Injury:	06/27/2013
Decision Date:	03/11/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/05/2013

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 Spinal Surgery and is licensed to practice in New York. 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 has a date of injury of June 27, 2013. He has left-sided low back pain with radiation to the left thigh. The MRI from September 2013 reveals facet arthrosis with a central disc bulge at L5-S1. The physical examination from October 2013 does not demonstrate any physical evidence of radiculopathy. At issue is whether epidural steroid injection at L5-S1 as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 46.

Decision rationale: This patient does not meet established criteria for epidural steroid injection the lumbar spine. Specifically, the patient does not have any documented lumbar radiculopathy on physical examination that correlates with the MRI imaging of the compressed nerve root. Since the patient does not have radiculopathy, criteria for a lumbar epidural steroid injection are not met.

