

Case Number:	CM13-0049298		
Date Assigned:	12/27/2013	Date of Injury:	03/06/2007
Decision Date:	03/06/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/07/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 43-year-old male who reported an injury on 03/06/2007. The patient is diagnosed with a lumbar strain. The patient was seen by [REDACTED] on 10/14/2013. The patient reported ongoing lower back pain with radiation to the lower extremities. Physical examination revealed normal range of motion, positive sciatic notch testing, positive straight leg raising, decreased strength in bilateral lower extremities, and decreased sensation in the L5-S1 dermatomes. Treatment recommendations included an epidural steroid injection at L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-S1: 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 Page(s): 46.

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehabilitation efforts. Radiculopathy must be documented by objective findings on physical examination, and corroborated by imaging studies and/or electrodiagnostic testing. As per the

documentation submitted, there were no imaging studies provided for review to corroborate a diagnosis of radiculopathy. There is also no documentation of a failure to respond to conservative treatment including exercises, physical methods, nonsteroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants. There is no evidence of this patient's active participation in a rehabilitation program to be used in conjunction with injection therapy. Based on the clinical information received, the requested lumbar epidural steroid injection is not medically necessary or appropriate at this time.