

Case Number:	CM13-0050815		
Date Assigned:	12/27/2013	Date of Injury:	04/11/2013
Decision Date:	03/26/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/14/2013

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 and is licensed to practice in Pennsylvania. 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 claimant reported an injury date of 4/11/13. The records described that the claimant had a history of chronic low back pain with an L4-5 spondylolisthesis. The claimant was documented to have pain radiating to both legs, although the pain was not reported in a specific dermatomal pattern. Examination findings were relatively unremarkable and overall limited. A more detailed exam dated 7/23/13 showed intact motor and sensory function with 2+ symmetric reflexes. Straight leg raise was negative at that time. A previous MRI of the lumbar spine was reported to show a 2 millimeter disc bulge at L4-5. There was no herniated disc or neurocompressive pathology. An epidural steroid injection has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral Epidural Steroid Injection at the L4-L5 (to be performed at [REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: Epidural steroid injection cannot be recommended as medically necessary. ACOEM 2004 Guidelines and the CA MTUS Chronic Pain 2009 Guidelines require focal radicular complaints with objective findings of radiculopathy on examination correlating with neurocompressive pathology on imaging. The claimant has a normal neurologic exam and does not have neurocompressive pathology on the MRI. Therefore, the claimant does not meet evidence-based criteria for epidural steroid injection. The medical necessity of the epidural injection, therefore, is not established according to the records reviewed.