

Case Number:	CM13-0053980		
Date Assigned:	12/30/2013	Date of Injury:	11/24/2011
Decision Date:	03/18/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/13/2013

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 36-year-old injured worker who reported an injury on 11/24/2011. The patient is diagnosed with lumbar disc herniation with radiculopathy. The patient was seen by [REDACTED] on 10/16/2013. The patient reported ongoing pain in the lower back on the left side. Physical examination reveals 50% decreased lumbar range of motion with tenderness to palpation. Treatment recommendations included an L4-5 and L5-S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection, L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, there is no evidence of radiculopathy upon physical examination. The

patient's physical exam on the requesting date of 10/16/2013 only revealed decreased range of motion with tenderness to palpation. The patient recently participated in a course of physical therapy with completion of 5 sessions by 06/18/2013. It was documented that the patient reported no new complaints, and tolerated new exercises well without any increase in symptoms and only mild pain in the left knee. The request for Lumbar epidural steroid injection, L4-L5, L5-S1 is not medically necessary and appropriate