

Case Number:	CM13-0054059		
Date Assigned:	12/30/2013	Date of Injury:	01/26/2012
Decision Date:	03/14/2014	UR Denial Date:	10/15/2013
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 48-year-old female who reported an injury on January 26, 2012, secondary to heavy lifting. The patient is diagnosed with neck pain, status post sprain/strain with cervical radiculopathy, low back pain, and status post sprain/strain with disc herniation. The patient was seen by [REDACTED] on September 30, 2013. The patient reported persistent neck and lower back pain. Physical examination of the lumbar spine revealed tenderness to palpation, spasm, decreased thoracic and lumbar spine range of motion, 2+ deep tendon reflexes, and intact motor and sensory examination. Treatment recommendations included a lumbar epidural translaminar injection at L5-S1 on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar epidural steroid injection on the left side at the L5-S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS 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, nor electrodiagnostic testing. There is also no evidence of unresponsiveness to recent conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Based on the clinical information received, the patient does not currently meet criteria for an epidural steroid injection. As such, the request is noncertified.