MAXIMUS Federal Services

Case Number:	CM13-0054121		
Date Assigned:	12/30/2013	Date of Injury:	06/19/2013
Decision Date:	08/06/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 expert 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:

This is a 38-year-old male patient with a 6/19/13 date of injury. A 12/18/13 progress report indicates persistent low back pain radiating to the left lower extremity. A 11/19/14 physical exam demonstrates positive tension signs bilaterally and symmetric reflexes. The treatment to date has included medication, physical therapy, and activity modification. A 10/15/13 lumbar MRI demonstrates; at L4-5, moderate bilateral neural foraminal narrowing; and, at L5-S1, left moderate neural foraminal narrowing. There is documentation of a previous 11/12/13 adverse determination for lack of clarification of the nature of low back pain; and a lack of objective evidence of any radicular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO PM&R (PHYSICAL MEDICINE & REHABILITATION) FOR LUMBAR EPIDURAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The California MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, the California MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. However, there were no unequivocal objective findings that identify specific nerve compromise on recent neurologic examination. Specific levels to be addressed were not identified. Therefore, the request for a referral for a lumbar epidural was not medically necessary.