

Case Number:	CM13-0054563		
Date Assigned:	12/30/2013	Date of Injury:	11/04/2011
Decision Date:	03/27/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/19/2013

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 62-year-old female who reported an injury on 11/04/2011 secondary to a fall. The patient is currently diagnosed with arthritis, spondylolisthesis at L4-5 and L5-S1, lumbago, probable stenosis, left leg radiculopathy, and obesity. The patient was seen by [REDACTED] on 09/03/2013. The patient reported persistent pain. It is noted that the patient received 2 to 3 weeks of symptom relief following an epidural steroid injection. Physical examination revealed tenderness to palpation, 5/5 motor strength, and limited range of motion. Treatment recommendations included a repeat epidural steroid injection and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radiculopathy, with use in conjunction with other rehab efforts. As per the documentation submitted, there is no evidence of radiculopathy upon

physical examination. There were no imaging studies provided for review. There is also no documentation of a recent unresponsiveness to conservative treatment. It is noted that the patient has previously undergone an epidural steroid injection. However, documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the injection was not provided. Based on the clinical information received, the request for Lumbar Epidural Injection is non-certified.