

Case Number:	CM13-0057158		
Date Assigned:	12/30/2013	Date of Injury:	07/26/2011
Decision Date:	03/27/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/25/2013

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 Surgery 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 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 is a 61 year old female reportedly suffered injuries at work on March 14, 2007. The request was to determine the medical necessity of a back brace as well as epidural steroid injection. The records describe treatment for symptomatic carpal tunnel syndrome. There is no reference in the records for a back brace and any records that would document a radiculopathy that would support consideration for an epidural steroid injection. As such and in consideration of ACEOM MTUS Guidelines the request for epidural steroid injection or bracing would not be considered reasonable or medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LSO back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The records describe treatment for symptomatic carpal tunnel syndrome. There is no reference in the records for a back brace and any records that would document a radiculopathy that would support consideration for an epidural steroid injection. As such and in consideration of ACEOM MTUS Guidelines the request for epidural steroid injection or bracing would not be considered reasonable or medically necessary.

Third (3rd) caudal epidural steroid injection with selective catheterization: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The records describe treatment for symptomatic carpal tunnel syndrome. There is no reference in the records for a back brace and any records that would document a radiculopathy that would support consideration for an epidural steroid injection. As such and in consideration of ACEOM MTUS Guidelines the request for epidural steroid injection or bracing would not be considered reasonable or medically necessary.