

Case Number:	CM13-0060557		
Date Assigned:	12/30/2013	Date of Injury:	07/23/2012
Decision Date:	04/04/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/03/2013

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 and 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 43-year-old male who reported an injury on 7/23/12. The patient reported a gradual onset of low back pain. The patient is diagnosed with unspecified thoracic/lumbosacral neuritis/radiculitis and displaced lumbar intervertebral disc. The patient was seen by [REDACTED] on 10/2/13; he reported ongoing lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

two lumbar epidural steroid injections with facet injections at L4-S1 with MAC anesthesia:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehabilitative efforts. As per the documentation submitted, there was no physical examination provided on the requesting date. Therefore, there is no evidence of radiculopathy upon physical

examination. There is also no indication of unresponsiveness to recent conservative treatment including exercises, physical methods, NSAIDs, and

post injection physical therapy three times a week for two weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.