

Case Number:	CM13-0060848		
Date Assigned:	12/30/2013	Date of Injury:	01/23/2007
Decision Date:	04/04/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/02/2013

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, has a subspecialty in 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 59-year-old male who reported injury on 11/23/2007. The patient's diagnosis is noted to include sprain and strain of the lumbosacral joint and displacement of the lumbar intervertebral disc without myelopathy, along with thoracic sprain and strain. The mechanism of injury was noted to be the patient was trying to hold up a 300+ pound filing cabinet that was falling. The patient's injuries were noted to include left wrist, mid back, and low back, as well as both knees and the right shoulder. The physical examination on 08/07/2013 revealed the patient had a positive straight leg raise bilaterally and sensation was intact to bilateral touch on the lower extremities. The patient's quadriceps strength was noted to be 5/5 bilaterally in extension. The patient indicated that he has had pain in the lumbar area on the right side and pain down both legs. The patient indicated they get numbness down the legs from time to time but not regularly. The treatment plan included a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

A lumbar epidural steroid injection: Upheld

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

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

Decision rationale: California MTUS Guidelines indicate that epidural steroid injections are appropriate for the treatment of chronic pain. There should be documentation of objective findings of radiculopathy corroborated by MRI studies and/or electrodiagnostics, as well as documentation of failure of conservative care. The clinical documentation submitted for review failed to meet the above criteria. The patient was noted to have sensation intact to light touch on bilateral lower extremities and 5/5 strength. The request as submitted failed to indicate the laterality and the level for the requested injection. Given the above, the prospective request for a Lumbar Epidural Steroid Injection is not medically necessary.