

Case Number:	CM13-0061049		
Date Assigned:	12/30/2013	Date of Injury:	03/11/2003
Decision Date:	04/07/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/04/2013

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 Medicine 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 64-year-old male who reported an injury on 03/11/2003. The mechanism of injury involved a fall. The patient is currently diagnosed with lumbago. The patient was seen by [REDACTED] on 10/14/2013. The patient reported persistent low back pain. Physical examination revealed tenderness to palpation, decreased range of motion, positive McMurray's testing, tenderness of the lumbar spine, limited range of motion, and intact sensation. Treatment recommendations 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:

Lumbar Epidural Steroid Injection: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. As per the documentation submitted, the patient does not demonstrate radiculopathy upon physical examination. There were no imaging studies

or electrodiagnostic reports submitted for review. There is no evidence of unresponsiveness to recent conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. Based on the clinical information received, the request is non-certified.