

Case Number:	CM13-0061526		
Date Assigned:	12/30/2013	Date of Injury:	05/06/2010
Decision Date:	05/22/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/05/2013

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 Pennsylvania. 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:

This is a 34-year-old female who sustained an injury to the low back on 5/6/10. A recent 11/13/13 follow-up report indicated ongoing complaints of low back pain for which documentation of physical examination findings were not noted. The last documentation of physical examination for review is dated 8/30/12, which noted the lumbar spine had restricted range of motion, tenderness to palpation, and neurologic examination showed 5/5 upper and lower extremity motor strength, diminished left L5 sensory exam, and equal and symmetrical deep tendon reflexes. No imaging reports were included for review. It is documented that the claimant has been treated conservatively with medication management, home exercises, physical therapy, and a TENS unit. The recommendation was made for an L4-5 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 (ESI) AT L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION EPIDURAL STEROID INJECTIONS (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION EPIDURAL STEROID INJECTIONS (ESIs).

Decision rationale: The California MTUS Chronic Pain Guidelines do not support the request for a lumbar L4-5 epidural steroid injection. The Chronic Pain Guidelines recommend an epidural steroid injection as treatment for radicular pain and that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The records provided for review do not identify any physical examination findings that were obtained during the past calendar year; there is no documentation of radicular findings. There are also no reports of imaging studies or electrodiagnostic testing. The absence of medical documentation to correlate the imaging findings and examination findings would fail to support the need for an epidural injection.