

Case Number:	CM13-0067702		
Date Assigned:	01/03/2014	Date of Injury:	02/02/2011
Decision Date:	05/20/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 expert 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 injured worker is a 42-year-old male who reported an injury on 02/02/2011. The mechanism of injury was not stated. Current diagnosis is L1-L2 disc sequestration. The injured worker was evaluated on 12/02/2013. The injured worker reported 5/10 lower back pain. Physical examination revealed 50% to 80% normal range of motion of the lumbar spine with negative straight leg raising, intact sensation, and 5/5 motor strength in bilateral lower extremities. Treatment recommendations included an epidural steroid injection at L1-2.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT LEFY L1 AND L2 UNDER FLUOROSCOPIC GUIDANCE: Upheld

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

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

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, there is no evidence of radiculopathy upon

physical examination. There were no imaging studies or electrodiagnostic reports submitted for review. There is no mention of an unresponsiveness to recent conservative treatment including exercises, physical methods, Non-Steroidal Anti-Inflammatory Drugs (NSAID) and muscle relaxants. Based on the aforementioned points, the injured worker does not meet criteria for the requested procedure. As such, the request is is not medically necessary and appropriate.