

Case Number:	CM13-0067878		
Date Assigned:	01/03/2014	Date of Injury:	08/10/2011
Decision Date:	04/21/2014	UR Denial Date:	11/25/2013
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, has a subspecialty in 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 patient is a 27-year-old male who reported an injury on 08/10/2011 after he bent over to lift a basket of fruit. The patient reportedly sustained an injury to his low back with radiating pain into the bilateral lower extremities. The patient underwent electrodiagnostic studies that concluded there was right-sided S1 radiculopathy. The patient's treatment history included physical therapy, chiropractic care, and multiple medications. The patient's most recent clinical evaluation, dated 12/13/2013, did not provide an objective evaluation of the patient's condition. The patient's diagnoses included thoracic sprain/strain, lumbar sprain/strain, degenerative joint disease, and radiculopathy. The patient's treatment recommendations included epidural steroid injections for the low back and physiotherapy through a chiropractor.

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: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommends epidural steroid injections for patients who have evidence of radiculopathy on physical examination corroborated by an electrodiagnostic or imaging study, that have failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the patient has failed to have a significant relief from conservative measures to include physical therapy and chiropractic care. The clinical documentation also provides an electrodiagnostic study that concludes the patient has S1 radiculopathy. However, the clinical documentation submitted for review does not provide any physical findings to support the patient's radicular complaints. Additionally, the request as it is written does not specifically identify a level at which the epidural steroid injection is planned. Therefore, the appropriateness of the request cannot be determined. The request for a lumbar epidural steroid injection is not medically necessary and appropriate.