

Case Number:	CM13-0071875		
Date Assigned:	01/08/2014	Date of Injury:	11/20/2006
Decision Date:	07/03/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 49 year old male whose date of injury is 11/20/2006. On this date he was moving boxes when he stumbled and fell from the back of a trailer. The injured worker underwent lumbar facet injections on 02/07/13. Note dated 12/10/13 indicates that he complains of increased low back pain radiating to the left lower extremity. On physical examination lumbar range of motion is restricted. Straight leg raising is positive on the left at 45 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5-S1: 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 EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: Based on the clinical information provided, the request for lumbar epidural steroid injection L5-S1 is not recommended as medically necessary. Chronic Pain Medical Treatment Guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. There is no current, detailed physical examination submitted for review to establish the presence of active lumbar

radiculopathy, and there are no imaging studies/electrodiagnostic results submitted for review. There is no comprehensive assessment of treatment completed to date or the injured worker's response thereto submitted for review.