

Case Number:	CM14-0000758		
Date Assigned:	01/17/2014	Date of Injury:	08/19/2008
Decision Date:	04/23/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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 Internal Medicine, and is licensed to practice in New York. 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 51 year old male with a date of injury on 08/19/2008. He had a low back injury lifting. He was treated with physical therapy, medication, activity modification (off work), chiropractic care, epidural steroid injections (11/12/2013) and acupuncture. Lumbar MRI revealed no disc herniation, nerve root compression or high grade stenosis. EMG/NCS was negative for lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5/S1 lumbar steroid epidural injection, Fluroscopy: 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: There is no documentation of lumbar radiculopathy. There was no radiculopathy on Electromyography (EMG)/Nerve Conduction Study (NCS). The MRI of the lumbar spine was not consistent with lumbar radiculopathy (no stenosis or nerve root compression). MTUS Chronic Pain Treatment notes that epidural steroid injections of the lumbar spine are not indicated in the absence of lumbar radiculopathy.

