MAXIMUS Federal Services

Case Number:	CM14-0005991		
Date Assigned:	03/03/2014	Date of Injury:	02/06/1998
Decision Date:	06/30/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 who sustained an injury to his low back on 02/06/98. The mechanism of injury was not documented. It was reported that the patient had been previously certified for a epidural steroid injection on 06/16/13. The epidural steroid injection was recommended by [redacted] and [redacted] agreed with that recommendation to the L4-5 level that was noted to have some degree of stenosis and a disc protrusion. A procedure note dated 12/06/13 reported that the patient underwent right sacroiliac joint injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION X1 UNDER FLUOROSCOPY: Upheld

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

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

Decision rationale: The request for lumbar epidural steroid injection times one under fluoroscopy is not medically necessary. The level/laterality of the injection was not specified in the request. The previous request was denied on the basis that the medical records provided do

not document sbjective complaints of a dermatomal pain pattern nor are there physical examination findings noting any focal neurological deficits corraborated by imaging or electrodiagnostic studies. The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no additional information provided that would indicate an active rediculopathy at any level. Given the clinical documentation submitted for review, medical necessity of the request for lumbar epidural steroid injection times one under fluoroscopy has not been established.