

Case Number:	CM14-0008644		
Date Assigned:	02/21/2014	Date of Injury:	04/11/2010
Decision Date:	06/27/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/21/2014

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 46 year-old female with an industrial related injury reported on April 11, 2010. The mechanism of injury is reported as a slip and fall type event. The current diagnosis is listed as lumbar radiculitis. A request for a lumbar epidural steroid injection was not certified. The current complaints are low back pain. It is also noted the injured employee has discontinued with physical therapy intervention. Lumbar MRI notes disc desiccation at L5-S1 with a slight protrusion and no noted nerve root encroachment. An orthopedic consultation noted complaints involving the low back, bilateral lower extremity, bilateral feet, neurologic and vascular systems. The physical examination noted a morbidly obese (248 pound) individual with limited lumbar range of motion. Tenderness to palpation is also noted. The lumbar assessment was a strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 46 OF 127

Decision rationale: The standard for this procedure is competent, objective and independently confirmable medical evidence of a verifiable radiculopathy. The injured employee does not carry that diagnosis. Further the MRI noted no stenosis or nerve root encroachment. There simply is no clinical basis for this procedure.