MAXIMUS Federal Services

Case Number:	CM14-0009653		
Date Assigned:	04/09/2014	Date of Injury:	03/02/1994
Decision Date:	05/27/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 66 year old male was injured on 03/02/1994. The mechanism of injury is unknown. Prior treatment has included prescription medications. It is not known if the patient has received a lumbar epidural in the past as it has been recommended since 04/10/2012. More recent PR2 dated 11/18/2013 documents the patient was constant severe lower back pain at a 5-7/10 that is increased with sitting, standing, and walking. Objective findings on exam revealed straight leg raise, right and left, at 50 degrees with a diagnosis of lumbar radiculopathy and shoulder injury. MRI of the lumbar spine without contrast was performed on 02/12/2013 which revealed a 1-2 mm disk protursion at L5-S1 with minimal right mild left abutment of the exiting of the L5 nerve root. There is also a 2-3 mm disc protrusion at L4-L5 with abutment of the bilateral exiting L4 nerve roots and moderate facets hypertrophy contributing to mild central canal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 45-46.

Decision rationale: The medical records failed to document any diagnostic studies, previous epidural steroid injections and the functional out come. There was no mention of a home exercise program, medications are not listed, and the history is neither included nor current treatment plan. Based on the criteria presented as well as limited medical documentation, the request for one epidural steroid injection is not medically necessary.