

Case Number:	CM14-0100655		
Date Assigned:	08/13/2014	Date of Injury:	03/22/2000
Decision Date:	10/02/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/30/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 67 year-old individual was reportedly injured on March 22, 2000. The mechanism of injury is noted as a motor vehicle collision. The most recent progress note, dated September 2, 2014 indicates that there are ongoing complaints of anxiety and sleep disturbance. The physical examination demonstrated a well-nourished individual in some acute distress, a soft non-tender abdomen, extremities on edema and a normal gait pattern. Diagnostic imaging studies were not presented for review. Previous treatment includes "endless surgeries from orthopedic injuries" multiple medications, pain management interventions and conservative care. A request had been made for epidural steroid injections and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Transforaminal Epidural Steroid Injections (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's).

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

Decision rationale: When taking into account the progress notes presented for review, there were no complaints of back pain and leg pain. Furthermore, there is no objective data establishing a verifiable radiculopathy. The only complaints were anxiety associated with posterior medics disorder. Therefore, when noting the parameters outlined in the MTUS, that epidural steroid injections are supported if there is proper findings of radiculopathy; and based on the physical examination reported on last several months there is no data presented to support this request. The request for Bilateral L5-S1 Transforaminal Epidural Steroid Injections (ESI) is not medically necessary.