

Case Number:	CM14-0107169		
Date Assigned:	08/01/2014	Date of Injury:	05/09/2013
Decision Date:	09/30/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 60 year old male who sustained an injury to his low back on 05/09/13 after lifting a gallon of liquid. Magnetic resonance imaging (MRI) of the lumbar spine dated 03/28/14 revealed bilateral neuroforaminal stenosis; right L4 disc herniation at 4mm; no neural impingement described. The records indicate that the injured worker has completed at least 12 physical therapy visits to date and 6 acupuncture visits. A clinical note dated 06/24/14 reported that the injured worker continued to complain of low back pain. Physical examination noted motor strength normal, reflex normal, sensory normal; straight leg raise positive right.

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 ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: The request for 1 lumbar epidural steroid injection is not medically necessary. The previous request was denied on the basis that the submitted documents contained pages that were handwritten and difficult to decipher. Pertinent information might have been

overlooked due to its incomprehensibility. The intended laterality/levels to be targeted by the epidural steroid injection were not specified. The most recent report failed to show any compelling examination evidence of radiculopathy to warrant an epidural steroid injection and there was no corroboration of radiculopathy per imaging or electrodiagnostic studies. The California Medical Treatment Utilization Schedule (MTUS) states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given this, the request for 1 lumbar epidural steroid injection is not indicated as medically necessary.