

Case Number:	CM14-0108113		
Date Assigned:	08/01/2014	Date of Injury:	03/02/2014
Decision Date:	09/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

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 44-year-old female was reportedly injured on March 2, 2014. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 3, 2014, indicated that there were ongoing complaints of low back pain. Current medications include Flector patches, Flexeril, and Relafen. The physical examination demonstrated spasms along the lumbar paraspinal muscles and a normal lower extremity neurological examination. Diagnostic imaging studies revealed a lumbar spine L4-L5 disc protrusion and facet changes at L5-S1. Previous treatment included physical therapy. A request had been made for a lumbar epidural steroid injection at L4-L5 and was not certified in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L4-5: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for the use of epidural steroid injections includes the presence of a radiculopathy as documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the progress note dated July 3, 2014, there is no objective documentation of a radiculopathy nor is there evidence on magnetic resonance imaging (MRI). For these reasons, this request for an epidural steroid injection at L4-L5 is not medically necessary.