

Case Number:	CM14-0010847		
Date Assigned:	02/21/2014	Date of Injury:	05/21/2009
Decision Date:	07/07/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/27/2014

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 Surgeon and is licensed to practice in Maryland. 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 43 year old male who reported an injury to his low back. A review of the submitted documentation revealed no information regarding the initial injury. The clinical note dated 02/04/14 indicates the injured worker complaining of low back pain that was rated as 5-8/10. The clinical note dated 12/23/13 indicates the injured worker complaining of back discomfort. The injured worker was able to demonstrate 20 degrees of extension with 20 degrees of bilateral side bending. Diffused tenderness was identified. No strength or reflex deficits were identified in the lower extremities. Sensation was vaguely altered at the forefoot distally in a non-dermal pattern in both feet. The injured worker had a negative straight leg raise test.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (ESI) AT L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

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

Decision rationale: The documentation indicates the injured worker complaining of low back pain with non-dermatomal sensation deficits in both feet. An epidural steroid injection is

indicated in the lumbar region provided the injured worker meets specific criteria to include imaging studies confirming the injured worker's neurocompressive findings, the injured worker has continued symptoms despite a completion of all conservative treatments. No information was submitted regarding the injured worker's imaging studies. No information was submitted regarding the injured worker's completion of any conservative treatments addressing the low back complaints. Therefore, the request for lumbar epidural steroid injection (ESI) at L4-5 is not medically necessary.