

Case Number:	CM14-0011668		
Date Assigned:	02/21/2014	Date of Injury:	09/25/2012
Decision Date:	06/26/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/29/2014

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 & Rehabilitation, has a subspecialty in Sports 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 34-year-old male who reported an injury on 09/26/2012. The mechanism of injury was not stated. Current diagnoses include lumbar strain, lumbar degenerative disc disease, moderate bilateral foraminal stenosis, disc protrusion, obesity, anxiety, and probable depression. The injured worker was evaluated on 01/08/2014. The injured worker reported constant lower back pain with radiation into the left lower extremity. Physical examination revealed intact motor function in the lower extremities, decreased sensation in the bilateral lower extremities, and moderately restricted lumbar range of motion. Treatment recommendations included a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (LESI): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIS), 46

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies. There was no documentation of radiculopathy upon physical examination. There is no mention of this injured worker's active participation in a home exercise program. There is also no specific level at which the lumbar epidural steroid injection will be administered listed in the current request. Based on the clinical information received, the request is non-certified.