

Case Number:	CM14-0014408		
Date Assigned:	02/28/2014	Date of Injury:	05/05/2011
Decision Date:	06/27/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/05/2014

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 Surgery, and is licensed to practice in California. 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 57-year-old gentleman who sustained a work-related injury to his lumbar spine on May 5, 2011. Prior treatment has included physical therapy and oral medications, which have helped with his symptoms. He currently participates in a home physical therapy program. Currently, the injured employee complains of low back pain which radiates down to his right foot and he ambulates with the assistance of a cane. A physical examination, conducted on January 31, 2014, reveals no tenderness. Range of motion was 245° of flexion, 10° of extension, and 20° of lateral flexion. There was low back pain with straight leg raising bilaterally and normal lower extremity neurological examination. An MRI of the lumbar spine, dated January 21, 2013, showed mild degenerative changes and disc bulging at L2-L3, L3-L4, and L4-L5. There was also Grade one retrolisthesis of L2 on L3. A utilization management request, dated January 13, 2014, for a lumbar epidural steroid injection was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION, TIMES 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , EPIDURAL STEROID INJECTIONS,

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends lumbar epidural steroid injections as a treatment option for radiculopathy. However, the guidelines specifically state that radiculopathy must be documented by physical examination. The most recent physical examination for the injured employee took place on January 31, 2014 and showed no evidence of any lower extremity radiculopathy and specifically stated there was a normal lower extremity neurological examination. Therefore, this request for lumbar epidural steroid injection is not certified.