

Case Number:	CM14-0015275		
Date Assigned:	02/28/2014	Date of Injury:	11/01/2001
Decision Date:	06/27/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in New York and 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 71-year-old female who reported an injury on 11/01/2001, due to an unknown mechanism. The clinical note dated 01/24/2014 presented the injured worker with difficulty with sleep, left leg pain radiating to the left foot, and pain increased by walking and bending. The injured worker's physical exam revealed tenderness to palpation and decreased range of motion. The injured worker was diagnosed with bilateral sacroiliac dysfunction, lumbar radiculopathy, lumbar spondylosis, lumbar facet disease, obesity, and narcotic disease. The provider recommended an L5-S1 epidural steroid injection. The Request for Authorization Form was not included in the medical documents provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 EPIDURAL STEROID INJECTION: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. The injured worker's physical exam noted tenderness to palpation and decreased range of motion. The included medical documents lack evidence of objective physical exam findings of radiculopathy. As such, the request is not medically necessary and appropriate.