

Case Number:	CM14-0018862		
Date Assigned:	04/23/2014	Date of Injury:	06/04/1999
Decision Date:	08/07/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/14/2014

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 58-year-old male was reportedly injured on June 4, 1999. The mechanism of injury was not listed in the records reviewed. There were no progress notes or other medical records presented for review. Diagnostic imaging studies were not noted. A request had been made for a lumbar epidural steroid injection and was not certified in the per-authorization process on January 29, 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 at L5 and S1: Upheld

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

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

Decision rationale: As outlined in the Chronic Pain Medical Treatment Guidelines, an epidural steroid injection requires the presence of a verifiable radiculopathy as noted on appropriate electrodiagnostic testing. Furthermore, there were no imaging studies presented or physical examination findings to suggest the need for such an injection. Therefore, Lumbar Epidural Steroid Injection at L5 and S1 is not medically necessary.

