

Case Number:	CM14-0111365		
Date Assigned:	08/01/2014	Date of Injury:	07/23/2004
Decision Date:	09/16/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/16/2014

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 Pain Management 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:

This is a patient with a date of injury of 7/23/04. A utilization review determination dated 6/20/14 recommends non-certification of lumbar ESI. 6/6/14 medical report identifies low back pain not improved with PT and NSAIDs. Using crutches after knee surgery and the pain in the back has been worse. On exam, there is limited ROM and paraspinal slight tenderness. Recommendations include an epidural or foraminal injection and she may need to see a spine surgeon if not improved. 5/20/14 lumbar spine MRI revealed mild dextrosciosis; L4-5 2 mm anterolisthesis, facet arthropathy and hypertrophy, slightly increased; and L5-S1 left lateral disc protrusion, marked facet arthropathy and hypertrophy, bilateral foraminal stenoses, greater on the left, increased.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LUMBAR EPIDURAL INJECTION (X1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative physical exam and imaging, and/or electrodiagnostic study findings of radiculopathy. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic study findings corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested lumbar epidural injection is not medically necessary.