

Case Number:	CM14-0120767		
Date Assigned:	09/16/2014	Date of Injury:	09/16/1983
Decision Date:	10/15/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/30/2014

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 Medicine 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 57-year-old male with a 9/16/1983 date of injury. A specific mechanism of injury was not described. 7/3/14 determination was non-certified given no compromised neurologic findings that were related to a common dermatome were documented. The prior determination identified that a 6/20/14 report identified intermittent chronic severe sciatic down his legs and slight right hip pain. It also reported diffuse weakness and numbness, knee jerk 2+/2+ and ankle jerk 1+/1+. 7/7/14 progress report identified severe lumbar spine pain with sciatica. Exam revealed decrease range of motion. Additional findings were not clearly legible due to report being hand written.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection with 4 Units of Dexamethasone and Kenalog: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation The AMA Guides (Andersson, 2000)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative

treatment. The medical records provided did not document radiculopathy. While there is reported sciatic pain, there were no clear objective findings in a dermatomal distribution. There were also no imaging studies provided documenting nerve root compression and also no indication of sufficient conservative treatment. The medical necessity was not substantiated; therefore, the request for Lumbar Epidural Injection with 4 Units of Dexamethasone and Kenalog is not medically necessary.