

Case Number:	CM14-0131190		
Date Assigned:	08/20/2014	Date of Injury:	04/30/2013
Decision Date:	10/14/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/15/2014

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 & 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 31-year-old gentleman was reportedly injured on April 30, 2013. The mechanism of injury is noted as moving shopping carts. The most recent progress note, dated July 11, 2014, indicates that there are ongoing complaints of low back pain which radiates to the right foot. Current medications include Motrin and Flexeril. The physical examination demonstrated an antalgic gait and tenderness over the lumbar spine paraspinal muscles. Still has decreased lumbar spine range of motion with spasms. Trigger point tenderness was present at the sacroiliac joint and gluteal area. There was a normal lower extremity neurological examination. There was stated to be a positive right-sided straight leg raise test although it is not stated at what degree. Diagnostic imaging studies of the lumbar spine revealed a posterior disc extrusion at L5 - S1 with impingement of the right sided S-1 nerve root as well as annular tearing at L4 - L5. Previous treatment includes oral medications. A request had been made for a lumbar spine epidural steroid injection and was not certified in the pre-authorization process on August 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inj foramen epidural 1/s: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid Injection Opioids, criteria for use NSAIDS,(non.

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

Decision rationale: The California MTUS guidelines support epidural steroid injections when radiculopathy is documented and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the most recent progress note dated July 11, 2014, there are no physical examination findings to corroborate with the injured employee symptoms or MRI results. As such, this request for the lumbar spine Epidural Steroid Injection is not medically necessary.