

Case Number:	CM14-0138186		
Date Assigned:	09/05/2014	Date of Injury:	12/09/2010
Decision Date:	11/07/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/26/2014

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 Occupational 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:

Patient is a 57 year-old female with date of injury 12/09/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/20/2014, lists subjective complaints as pain in the low back. Objective findings: Range of motion decreased for cervical and lumbar spine, only 50% of normal. The joints in the lower extremities had normal range of motion with no arthritic deformities or effusions. Deep tendon reflexes were bilaterally symmetrical and normal as was pinprick sensation. Muscle strength was normal. Diagnosis: 1. Musculoligamentous strain of the lumbosacral spine 2. Chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection with Fluoroscopy and Under Anesthesia Level Unspecified:
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: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is poor documentation of radiculopathy and no documentation of nerve root compression or injury. In addition, there is no specified level or levels proposed as the site for injection. Lumbar Epidural Injection with Fluoroscopy and Under Anesthesia Level Unspecified is not medically necessary.