

Case Number:	CM14-0163606		
Date Assigned:	10/08/2014	Date of Injury:	10/28/2013
Decision Date:	11/07/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/06/2014

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 male with date of injury 10/28/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/15/2014, lists subjective complaints as pain in the low back. An MRI of the lumbar spine performed on 04/08/2014 was notable for moderate L3-4 and L4-5 spinal stenosis and hypertrophic changes in facet joints at L5-S1 bilaterally. Objective findings: The patient ambulated with a normal gait, full weight bearing on both lower extremities. No loss of lumbosacral lordosis. No spasms of the thoracolumbar spine and paravertebral musculature. No tenderness to the thoracolumbar spine or paravertebral musculature. No restriction on range of motion of the back. Heel to toe ambulation was performed without difficulty. Bilateral patellar and Achilles deep tendon reflexes were 2/4. Sensation was intact in all dermatomes of the bilateral lower extremities. The back muscles displayed no weakness. Diagnosis: 1. Lumbar strain/sprain 2. Back pain. Treatment to date included 24 chiropractic visits, anti-inflammatories and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at bilateral L4-L5: 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 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. The patient complains of low back pain, no leg pain. The physical exam shows no evidence of radiculopathy. Epidural steroid injection at bilateral L4-L5 is not medically necessary.