

Case Number:	CM14-0167839		
Date Assigned:	10/15/2014	Date of Injury:	02/06/2014
Decision Date:	11/21/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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:

There were 103 pages provided for this review. The claimant is described as a 42-year-old female with neck and lower back pain. The pain has remained unchanged since the last visit. She had an EMG for both upper and the bilateral lower extremities. She was reportedly awaiting authorization for the MRI of her neck. Current medicines were Gabapentin, Tramadol and Omeprazole. She had pain from a work-related accident while working as a cashier and stocker for [REDACTED]. She states that on the day of her injury, while performing her regular job duties, she slipped on some grapes on the floor, twisting awkwardly, and had an acute onset of neck and lower back pain. The diagnoses were cervical radiculopathy, lumbar radiculopathy and lumbar facet syndrome. There was an application for independent medical review that was signed on October 7, 2014 for a right epidural steroid injection at L3-L4. There was a utilization review from September 30, 2014. The claimant is again described as a 42-year-old female. The peer review doctor discussed the case with the treating physicians and [REDACTED] was not aware why an epidural was being requested, and apparently was not the one to request it. There was no groin pain, low back pain and no right leg pain. The patient had lumbar facet positive signs on both sides and decreased sensation with a patchy distribution in the S1 dermatome on the left. The MRI showed annular bulging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Epidural Steroid Injection at L3-L4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

Decision rationale: The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. The request appears appropriately not medically necessary based on the above.