

Case Number:	CM14-0169639		
Date Assigned:	10/23/2014	Date of Injury:	05/18/2013
Decision Date:	12/02/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/14/2014

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 Colorado. 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 injured worker is a 42 years old male with a date of injury on May 18, 2013. He is a truck driver who developed low back pain due to the seat in his truck lost air. A magnetic resonance imaging of the low back reflected L5-S1 central canal stenosis. On exam he has tenderness and restricted range of motion. No radicular symptoms are noted and no neurological abnormalities are reported. Request is for epidural steroid injection consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections

Decision rationale: The indications for an epidural steroid injection are not met. The medical treatment guidelines note that epidural steroid injection treatment is supported with radicular symptoms that are supported by clinical findings. The medical information provided does not reflect any radicular symptoms and abnormal neurological findings are noted on clinical exam.

The magnetic resonance imaging findings as well do not support epidural steroid injection treatment. Thus, the request does not meet criteria of the guidelines, and the requested service is not medically necessary.