

Case Number:	CM14-0020777		
Date Assigned:	04/30/2014	Date of Injury:	09/22/2008
Decision Date:	07/07/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/19/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The injured worker is a 42 year old male reported a low back injury on 09/22/2008; the mechanism of injury was not provided within the submitted documentation. An official MRI dated 04/19/2014 reported prominent neural foraminal stenosis, but does not report nerve impingement. The clinical note dated 11/01/2013 reported the injured worker had lower back pain rated 9/10 that radiated to the top of the left lower extremity. The physical exam reported intact deep tendon reflexes, negative straight leg tests bilaterally, and unremarkable strength and motor exam of the lower extremities. The request for authorization is dated 09/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION AT L5-S1 WITH FLUOROSCOPY AND CONSCIOUS SEDATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The CA MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain with certain criteria. Radiculopathy must be documented

by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The guidelines recommend injured workers should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injured worker's physical exam did not show significant objective indications of radiculopathy. Additionally, it is unclear if there has been an exhaustion of conservative care. Additionally, the requesting physician did not indicate the injured worker had significant anxiety related to the injection which would indicate the injured workers need for conscious sedation. Hence, the request is not medically necessary.