

Case Number:	CM14-0021405		
Date Assigned:	05/07/2014	Date of Injury:	11/02/2002
Decision Date:	07/09/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 55-year-old female injured on November 02, 2002. A topical pain relieving patch was attempted and did not achieve its intended goal. There are ongoing complaints of low back and lower extremity pain. Also noted are ongoing complaints of neck pain. The pain level is described as 8/10. There is some difficulty with the medications prescribed as in gastrointestinal distress. MRI noted multiple level disc bulges and no specific nerve root compromise. The physical examination noted a decreased range of motion of the lumbar spine and no objective signs of a verifiable radiculopathy. The previous progress notes noted essentially the same findings. Cervical spine imaging studies noted a disc bulge at C4-C5. Degenerative changes are also identified. Urine drug screening was completed. An acute exacerbation of the low back pain was noted in September 2013. This was treated with an injectable Toradol medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INFUSION UNDER FLUOROSCOPIC GUIDANCE AT L5-S1 X 1: 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: When noting the date of injury, the reported mechanism of injury, the actual injury sustained, the most recent physical examination reviewed and the progress notes which did not objectify the presence of a verifiable radiculopathy on either physical examination or diagnostic studies, there is insufficient clinical information presented to support this request. Accordingly, this is not clinically indicated under the Chronic Pain Medical Treatment Guidelines.