

Case Number:	CM14-0023714		
Date Assigned:	06/20/2014	Date of Injury:	12/18/2012
Decision Date:	08/13/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/25/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 34-year-old male who reported an injury to his low back on 12/18/12. The clinical note dated 08/20/13 indicates the initial injury occurred when the injured worker was attempting to lift a 300 lb. resident and the gurney fell on him. The note indicates the injured worker having previously undergone physical therapy with no significant benefit. The injured worker reported bilateral low back pain with radiating pain to the buttocks, right greater than left. Upon exam, the injured worker was able to demonstrate 5/5 strength throughout the lower extremities with intact sensation. The injured worker was able to heel and toe walk without any difficulties. The clinical note dated 09/17/13 indicates the injured worker utilizing Gabapentin, Tramadol, Percocet, and Skelaxin for pain relief in addressing the low back complaints. The injured worker was able to demonstrate full and painless range of motion throughout the extremities. The procedural note dated 10/18/13 indicates the injured worker having undergone an SI joint injection. The clinical note dated 01/23/14 indicates the injured worker able to demonstrate 4+/5 strength at the tibialis anterior. No sensation deficits were identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPICALLY-GUIDED RIGHT LUMBAR 4-5, LUMBAR 5-SACRAL 1 LUMBAR TRANSFORAMINAL EPIDURAL STEROID: 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 EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

Decision rationale: The documentation indicates the injured worker complaining of low back pain with associated strength deficits in the lower extremities. An epidural steroid injection is indicated provided the injured worker meets specific criteria to include imaging studies confirming the injured worker's neurocompressive findings at the appropriate levels. No imaging studies were submitted for review. Given this, the request is not indicated as medically necessary.