

Case Number:	CM14-0023822		
Date Assigned:	06/20/2014	Date of Injury:	04/23/2003
Decision Date:	08/11/2014	UR Denial Date:	02/24/2014
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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 65 year old male whose date of injury is April 23, 2003. A follow up note dated 01/31/14 indicates that the injured worker was shoveling in strawberry fields and experienced low back pain. The injured worker underwent bilateral L4, L5, S1 medial branch blocks on 12/05/12. Treatment to date is noted to include injection therapy, physical therapy, chiropractic treatment and medication management. Diagnoses are listed as low back pain with abnormal MRI, and bilateral L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L5 EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

Decision rationale: There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy, and there are no imaging studies/electrodiagnostic results provided to support the diagnosis as required by the MTUS Chronic Pain Guidelines. There is no indication that the injured worker has undergone any recent active treatment. As such, the request is not medically necessary and appropriate.

