

Case Number:	CM14-0024193		
Date Assigned:	06/11/2014	Date of Injury:	10/24/2007
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/26/2014

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 Orthopedic Surgery 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:

This patient is a 60 year old male with industrial injury reported on 10/24/07. Mechanism of injury described as a claimant being pinned against rack with heavy object. Exam note 3/14/13 demonstrates complaints of pain in lower abdomen area, head, neck, upper and mid back, lower back, right lower extremity and left knee. Exam demonstrates negative straight leg raise and normal strength. Exam note 1/29/14 demonstrates increase in low back pain with radiation to the lower extremities. Exam demonstrates 4-/5 strength in right lower extremity due to pain. Sensation is noted to be intact. Report of positive straight leg raise. EMG 6/16/09 demonstrates active L5/S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 INTERLAMINAR EPIDURAL STEROID INJECTION WITH FLUOROSCOPY **GUIDANCE:** Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs) page 46, "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case the exam notes cited do not demonstrate a failure of conservative management or a clear evidence of a dermatomal distribution of radiculopathy. Therefore the request is not medically necessary.