

Case Number:	CM14-0025740		
Date Assigned:	06/13/2014	Date of Injury:	11/01/2012
Decision Date:	08/06/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

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 Family 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:

59 yr. old male claimant sustained a work related injury involving the low back. He has a diagnosis of lumbar radiculitis and lumbar strain. A progress note on 9/10/13 indicated that the claimant had 9/10 pain. Prior EMG test were negative. Physical findings included restricted range of motion of the lumbar spine. The neurological exam was normal. The treating physician ordered Ibuprofen for pain. A progress note on 1/21/14 was notable for increased back pain with bending or stooping. The symptoms radiated to the posterior legs. The neurological exam again was normal and there was notable paravertebral tenderness. The treating physician requested an epidural steroid injection along with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL DEPO MEDROL INJECTION (ESI L3-4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIs),.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not indicated when there is back pain without radicular symptoms. In addition, epidural injections provide only short-term relief. In this case, the claimant had no neurological findings. The request for an epidural steroid injection is not medically necessary.