

Case Number:	CM14-0031095		
Date Assigned:	06/20/2014	Date of Injury:	08/06/2013
Decision Date:	07/17/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/12/2014

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 Occupational 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 patient is a 39 year old female with a date of injury of 8/6/13. Subsequent to a lifting injury, she has developed chronic low back pain with complaints of some numbness and tingling involving her feet and hands. Physical exam has been negative for a radiculopathy (normal neuro exams, negative st. leg). There are positive Waddell's signs. There have been no bowel or bladder complaints. An MRI showed no significant stenosis, with disc changes(bulges) noted at L4-5, L5-S1. Electrodiagnostics are not reported to have been performed. A peripheral neuropathy has not been tested for.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s) : 300. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: MTUS Guidelines are very specific on the criteria to justify epidural injections. There need to be clinical signs of a radiculopathy with corresponding MRI findings

and/or electrodiagnostic changes. Neither of these criteria have been met in this patient, i.e., there are no clinical signs of nerve root dysfunction and MRI results do not correspond with a likely radiculopathy. The request for a lumbar epidural injection is not medically necessary.