

Case Number:	CM14-0032899		
Date Assigned:	06/25/2014	Date of Injury:	07/03/2003
Decision Date:	08/12/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/14/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 60-year-old male who was reportedly injured on July 3, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 14, 2014, indicated that there were ongoing complaints of back and leg pains (neurogenic claudication). The physical examination demonstrated an inability to perform heel and toe walking, no evidence of ecchymosis swelling of the lumbar spine, a decrease in lumbar spine range of motion and there was tenderness to palpation. Diagnostic imaging reportedly noted a spinal stenosis; however, the actual radiology reports were not presented for review. It was noted that electrodiagnostic studies were noted to be normal in the bilateral lower extremities, and a surgical intervention had been completed in the lower lumbar spine. A request had been made for durable medical equipment and an epidural steroid injection and was not certified in the pre-authorization process on February 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Caudal Epidural steroid Injection with ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46 OF 127.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, epidural steroid injections can be supported when there is a verifiable radiculopathy documented on physical examination and cooperated with appropriate diagnostic studies. The progress note only references the diagnostic studies but does not support there is a verifiable radiculopathy. It was noted that a lumbar fusion surgery had been completed, but again, there was no objective occasion of a specific nerve root compromise. Therefore, the medical necessity for this intervention is not been established.