

Case Number:	CM14-0035639		
Date Assigned:	06/23/2014	Date of Injury:	10/01/2012
Decision Date:	07/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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 Acupuncture & 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:

This is a 35year old male injured worker with date of injury 10/1/12 with related back pain. Per a 3/26/14 report, he described the pain as moderate and radiating into the lower back, buttocks, and leg. The severity was an 8/10; it was described as stabbing, and with weakness. MRI of the lumbar spine dated 10/31/12 revealed a 6mm bulge at the L4-L5 level and moderate central canal narrowing and right neural foraminal narrowing. He has been treated with acupuncture, physical therapy, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injections x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the submitted documentation, decreased sensation over the dorsum of the left foot was the only documentation of radiculopathy. As the MTUS guidelines do not support "series-of-three" injections, medical necessity cannot be affirmed. Therefore, the request for epidural steroid injections X3 is not medically necessary.

