

Case Number:	CM14-0037442		
Date Assigned:	06/25/2014	Date of Injury:	08/13/2013
Decision Date:	07/23/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 55 year old female with date of injury of 8/13/13. Based on the 2/20/14 progress report provided by [REDACTED] the patient complains of intermittent moderate low back pain and moderate right hip pain with radiation to the right knee. She rates her pain as a 6-8/10. Examination of the lumbosacral spine reveals increased tone and tenderness about the paralumbar musculature. There are muscle spasms. The patient's diagnoses include lumbar spine sprain/strain with radicular complaints. There is MRI evidence of a 2 mm disc bulge at L3-L4, L4-L5, and L5-S1 (per the 11/13/13 MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5-S1: Upheld

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

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

Decision rationale: According to the 2/20/14 report by [REDACTED], the patient presents with intermittent moderate low back pain and moderate right hip pain with radiation to the right knee.

The request is for a lumbar epidural steroid injection (ESI) at L5-S1. There is no indication of any previous lumbar epidural steroid injections, nor did provided MRIs show any herniations or stenosis. MTUS guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the absence of a clear dermatomal distribution pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI is not indicated. As such, the request is not medically necessary.