

Case Number:	CM14-0039209		
Date Assigned:	06/27/2014	Date of Injury:	08/10/2013
Decision Date:	08/20/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/03/2014

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 Internal 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 50 year old female with date of injury 08/10/2013 lifting a 40 lbs. box with subsequent pain in back and right hip region. MRI shows mild spinal stenosis at L4-5. Pain is reported to radiate to buttock on the right but exam shows negative testing on exam and no reproducibility of radiculopathy. There is a report of an EMG (Electromyography) being done in the last note provided, but there is no evidence of the outcome. There is a recent chiropractic note outlining a treatment plan, but no other notes provided afterwards. Current request is for lumbar epidural steroid injection and labs for the injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient L4-L5 epidural steroid injection: Upheld

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

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

Decision rationale: MTUS criteria for epidural steroid injection (ESI) include radiculopathy that is documented by physical examination and corroborated by electrodiagnostic study and/or imaging. This patient does not have reproducible radiculopathy on exam, nor does MRI imaging

show anything correlated with radiculopathy. An electromyography (EMG) was done but no report is available for review. Based on lack of EMG (Electromyography) report and no reproducibility on exam, the criteria are not met and the request of Outpatient L4-L5 Epidural Steroid Injection is not medically necessary and appropriate.

Labs for injection to include Complete blood count - Plasma /whole blood - Prothrombin time - Basic metabolic panel: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.