

Case Number:	CM14-0040883		
Date Assigned:	06/30/2014	Date of Injury:	04/23/2003
Decision Date:	08/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/08/2014

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 65 year old male with an injury date of 04/23/03. Based on the 03/17/14 progress report provided by [REDACTED], the patient complains of lower back pain and bilateral leg pain. His pain is described as dull, aching, throbbing, and burning with pain radiating down the posterior aspect of his legs with some tingling. The patient's activity levels and functionality has decreased by 50% since the last time I saw him because of bilateral lower limb pain and numbness and tingling and with walking. He has tenderness to palpation at the lumbar spine and bilateral paralumbar musculature. He has pain with lateral flexion and rotation of the end range of motion positions. [REDACTED] is requesting for a bilateral L5 epidural steroid injection. The utilization review determination being challenged is dated 03/28/14. [REDACTED] is the requesting provider and provided three treatment reports from 10/18/13, 01/31/14, and 03/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Radiculopathy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46,47.

Decision rationale: The MTUS guidelines state, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Although the patient displays signs of radiculopathy, there are no imaging studies provided or described that explains the patient's L5 nerve root symptoms to support the need of an epidural steroid injection. The request is not medically necessary.