

Case Number:	CM14-0044742		
Date Assigned:	06/23/2014	Date of Injury:	01/27/2010
Decision Date:	07/24/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/20/2014

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 Anesthesiology, has a subspecialty in 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:

The injured worker is a 47 year old female who sustained an injury to her low back on 01/27/10 due to falling after being pushed. The injured worker went to the hospital and was told by the doctor she was fine. The injured worker continued to complain of constant, dull pain in the mid to low back radiating to the neck, abdomen, and down the legs to the hips all the way to the feet. Pain increased when bending, standing for long periods of time, mopping, or flexing. Pain was rated as 8-9/10 on the visual analog scale with constant pain and numbness in the bilateral knees. Treatment to date included chiropractic manipulation treatment, medications, activity modifications, and work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for lumbar epidural steroid injection is not medically necessary. The level/laterality was not specified in the request. The previous request was denied on the

basis that radiculopathy was not documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. Although the injured worker exhibited decreased light touch sensation in isolate areas, she exhibited no numbness and tingling or changes in bowel or bladder control. EMG of the bilateral lower extremities was unremarkable. The Chronic Pain Medical Treatment Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given this, the request for lumber epidural steroid injection is not indicated as medically necessary.