

Case Number:	CM14-0048409		
Date Assigned:	09/12/2014	Date of Injury:	09/09/2012
Decision Date:	11/04/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/16/2014

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 Family Medicine and is licensed to practice in Utah. 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 45 year-old female. The patient's date of injury is 9/9/2012. The mechanism of injury was reported as replacing a floor mat, when the patient slipped and fell backwards onto her back. The patient has been diagnosed with radicular leg pain, low back pain with L5-S1 HNP (herniated nucleus pulposus). The patient's treatments have included surgery, swim therapy, physical therapy, imaging studies, and medications. The physical exam findings dated 11/20/2013 show the patient with tenderness at the caudal lumbar segments. The range of motion is reported as mild limitation. Neurologic reveals right L5 and S1 hypesthesia, with a diminished left ankle jerk, with no clear-cut motor deficits. The patient's medications have included, but are not limited to, Cymbalta, Norco, Neurontin, Naprosyn, Valium, and a Medrol dose pack. Records show motor testing intact, with right L4-L5 hypesthesia. The wound is reported as healing nicely, with a compressive dry dressing. The request is for an Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L5-S1 Traslaminar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308 310. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ,EPIDURAL STEROID INJECTIONS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 308-310.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an injection. MTUS guidelines state the following: Epidural corticosteroid injections for radicular pain, to avoid surgery. The clinical documents state that the patient has had surgical intervention. According to the clinical documentation provided and current MTUS guidelines; an injection is not indicated as a medical necessity to the patient at this time.