

Case Number:	CM14-0048577		
Date Assigned:	09/12/2014	Date of Injury:	09/30/2006
Decision Date:	11/24/2014	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 Occupational Medicine and is licensed to practice in Texas. 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 85 year old male with a date of injury on 9/30/2006. The injured worker has a chronic back injury. There are notes from 1/14 indicating the injured worker has back pain with pain radiating down the right leg. The note indicates decrease in lumbar range of motion, with slight weakness in the right leg. There are no other focal neurological deficits. A request is made for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The injured worker has some ongoing lumbar radiculopathy from an injury from 2006. The injured worker had a magnetic resonance imaging (MRI) in 2012 that did not show overt neurocompressive lesions. There is currently a request for an epidural injection, noting that the injured worker had this in the past, with favorable response. Among the recent notes from the injured worker's provider, is a request for a repeat lumbar magnetic resonance

imaging (MRI), but no updated magnetic resonance imaging (MRI) report is provided. Therefore, although there are some radicular complaints, there is no current magnetic resonance imaging (MRI) showing a neurocompressive lesion at this time. There are no electrodiagnostic testing results, either, showing radiculopathy. Thus, at the present time, based on the data provided for my review, the currently available information does not support the request for a lumbar epidural steroid injection and the request is not medically necessary.