

Case Number:	CM14-0053294		
Date Assigned:	07/07/2014	Date of Injury:	12/23/2000
Decision Date:	09/03/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	04/21/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 50-year-old male was reportedly injured on December 23, 2000. The mechanism of injury is noted as lifting bread trays. The most recent progress note, dated February 18, 2014, indicates that there are ongoing complaints of low back pain without radiation to the lower extremities. Current medications include Norco and Lidoderm patches. The physical examination demonstrated tenderness at (lumbar) L4-L5 and L5-S1 (sacral). There was pain with facet loading and a normal neurological examination. Diagnostic imaging studies of the lumbar spine noted extensive degenerative bone and disc changes throughout the lumbar spine with alignment abnormalities in foraminal narrowing as well as a far right lateral disc extrusion at (lumbar) L4-L5 encroaching upon the exiting right (lumbar) L4 nerve root. Previous treatment includes oral medications. A request was made for a lumbar epidural steroid injection and was not certified in the pre-authorization process on April 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inj. foramen epidural l/s: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines states that the criteria for epidural steroid injections includes the presence of a radiculopathy that is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The most recent progress note dated February 18, 2014, indicates that the injured employee does not have any radicular symptoms. Similarly the physical examination, as well as prior examinations, do not indicate any abnormal neurological findings. Furthermore there is no documentation that the injured employee was unresponsive to other conservative treatments such as exercise, physical therapy, anti-inflammatory medications, and muscle relaxants. For these reasons this request for a lumbar spine epidural steroid injection is not medically necessary.