

Case Number:	CM14-0057417		
Date Assigned:	07/09/2014	Date of Injury:	11/25/1987
Decision Date:	10/07/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 71-year-old female was reportedly injured on November 25, 1987. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated November 8, 2013, indicated that there were ongoing complaints of low back pain radiating down the posterior right hip as well as a left leg. The physical examination demonstrated full range of motion of the lumbar spine and a negative straight leg raise test bilaterally. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine showed an L4 through S1 laminotomy and no evidence of instability at L3-L4. Previous treatment included a revision laminectomy and decompression in 2009 and a left-sided lumbar epidural steroid injection in 2008. A request had been made for an L3-L4 lumbar epidural steroid injection and was not certified in the pre-authorization process on April 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of a radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The most recent progress note, dated November 8, 2013, indicated that there was a normal neurological examination. Considering this, the request for lumbar epidural steroid injections is not medically necessary.