

Case Number:	CM14-0062621		
Date Assigned:	07/23/2014	Date of Injury:	01/14/2004
Decision Date:	09/16/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/05/2014

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 65 year-old individual was reportedly injured on 1/14/2004. The mechanism of injury is not listed. The most recent progress note, dated 5/15/2014. Medical provider indicates that there are ongoing complaints of low back pain that radiates in the bilateral lower extremities. The physical examination demonstrated lumbar spine: limited range of motion with pain. Muscle strength 5/5, sensation is diminished along the L4 dermatome on the left. Reflexes 2+ equal bilaterally. Straight leg raise is positive left lower extremity for radicular pain at 60 , positive tenderness to palpation bilateral gluteus muscles, bilateral lumbar paraspinal muscles and sacred. No reason diagnostic studies are available for review. Previous treatment includes acupuncture, medications, and conservative treatment. A request had been made for lumbar epidural steroid injection at left L3-4, and was not certified in the pre-authorization process on 4/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at left L3 & L4: Upheld

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

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

Decision rationale: MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of radiculopathy by imaging or electrodiagnostic study. As such, the requested procedure is deemed not medically necessary.