

Case Number:	CM14-0066128		
Date Assigned:	07/11/2014	Date of Injury:	02/25/2000
Decision Date:	12/31/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/09/2014

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 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:

This case involves a 54 year old female who sustained an injury on 2-25-00. The MRI from 10-15-09 showed a minimal disc bulge without significant neural foraminal or spinal canal narrowing at L4-L5. The office visit on 4-18-14 notes the injured worker has ongoing back pain and left posterior thigh pain. On exam, the injured worker has decreased range of motion, left straight leg raises with pain at 80 degrees and tenderness at the sciatic notch.

IMR ISSUES, DECISIONS AND RATIONALES

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

A left sided L4-5 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Epidural Steroid Injection

Decision rationale: Official Disability Guidelines (ODG) notes that to perform epidural steroid injection radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. There is an absence in objective data to support radiculopathy at the L4-L5 level. Therefore, this request is not medically necessary.

