

Case Number:	CM14-0067217		
Date Assigned:	07/11/2014	Date of Injury:	08/22/2012
Decision Date:	09/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/12/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 53 year-old male with the date of injury of 08/22/2012. The patient presents with low back pain. His pain radiates down into both of his legs with numbness, right side worse than left. His back pain causes him to have sleeping problems. According to [REDACTED] report on 01/22/2014, diagnostic impression is lumbar radiculopathy. [REDACTED] requested for lumbar epidural steroid injections at L4-L5 and L5-S1. The utilization review determination being challenged is dated on 04/14/2014.

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 the L4-5 and L5-S1 Levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Medical Treatment Utilization Schedule has the following regarding ESI's, under its chronic pain section Page(s): 46, 47.

Decision rationale: MTUS guidelines state "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/ or electrodiagnostic testing." In this case,

the treating physician does not provide a clear diagnosis of radiculopathy including dermatomal distribution of pain with corroborating exam and MRI findings. The patient presents with diffuse pain down the legs. MRI findings are non-specific as well with small disc protrusion only at L4-5. EMG was negative as well. The treating physician also does not provide the necessary documentations for repeat injection such as 50% reduction of pain, functional gains and medication use reduction. Therefore, the request for a Lumbar Epidural Steroid Injection at the L4-5 and L5-S1 Levels is not medically necessary and appropriate.