

Case Number:	CM14-0069714		
Date Assigned:	07/14/2014	Date of Injury:	06/03/2009
Decision Date:	08/21/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/14/2014

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 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:

Medical records reflect the claimant sustained a work related injury on 6-3-09. The claimant has been treated with medications, physical therapy and epidural steroid injection. The claimant had an MRI of the lumbar spine on 7-30-09 which showed Degenerative Disc Disease, no evidence of focal disc herniation or central canal narrowing. The claimant continues to complain of neck and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: Medical records reflect a claimant with low back pain with radiation to the left lower extremity. On 3-13-14, [REDACTED] felt the claimant's pain was due to facet arthropathy. There is a request for lumbar epidural steroid injection. There is an absence in documentation noting physical exam findings of radiculopathy as required per current treatment

guidelines. The claimant is noted to have tenderness to palpation at the lumbar spine and decreased range of motion limited due to pain. No indication of atrophy, loss of relevant DTR. Therefore, the requested epidural steroid injection is not reasonable or medically indicated.