

Case Number:	CM14-0075453		
Date Assigned:	08/06/2014	Date of Injury:	03/08/2013
Decision Date:	09/15/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/23/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 injured worker is a 48-year-old female whose date of injury is 03/08/2013. The mechanism of injury is not described. Treatment to date includes physical therapy and right medial branch block at L5-S1. Diagnoses are lumbar degenerative disc disease, right sacroiliitis, lumbar radiculopathy and myofascial pain. Lumbar magnetic resonance image dated 04/09/14 revealed at L4-5 there is slight desiccation. There is a broad based 1mm bulge, which produces no central canal narrowing and slight bilateral neural foraminal narrowing. Note dated 04/18/14 indicates that she continues with weakness in the right lower extremity and an antalgic gait.

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 right L4-L5: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for lumbar epidural steroid injection at right L4-5 is not recommended as medically necessary. California Medical Treatment Utilization Schedule guidelines require documentation of radiculopathy on physical

examination corroborated by imaging studies and/or electrodiagnostic results. There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy, and the submitted lumbar magnetic resonance image fails to document any significant neurocompressive pathology at the requested level. Therefore, medical necessity of the requested epidural steroid injection is not established.