

Case Number:	CM14-0075895		
Date Assigned:	07/16/2014	Date of Injury:	02/06/2014
Decision Date:	09/17/2014	UR Denial Date:	05/14/2014
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 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:

The underlying date of injury in this case is 02/06/2014. The patient's diagnosis is lumbar radicular pain. A PR-2 report of 02/17/2014 notes the patient had underlying low back pain although not as severe as previously. The pain was not radiating to the right leg. On exam, the patient had limited flexion and had tenderness in the lumbar spine. A neurological examination was nonfocal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Left L5-S1 Under Fluoroscopy: 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 Section on Epidural Steroid Injections Page(s): 46.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on epidural steroid injections, page 46, states that radiculopathy must be documented by physical exam and corroborative imaging studies and/or electrodiagnostic testing. In this case, the history does not clearly localize to a particular nerve

root distribution, and the physical exam is nonfocal neurologically. The patient does not meet the guidelines to support this request for treatment. Therefore, the request is not medically necessary.