

Case Number:	CM14-0078968		
Date Assigned:	07/18/2014	Date of Injury:	09/06/2011
Decision Date:	09/24/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/29/2014

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 Occupational Medicine 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 56 year-old male with date of injury 09/06/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/25/2014, lists subjective complaints as pain in the low back with radicular symptoms down the right leg. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles, lumbar facet joints, sacroiliac joints, and greater trochanteric bursa. Ranges of motion moderately decreased due to pain. Motor and sensory exams were all within normal limits. Diagnoses are lumbar radiculopathy and lumbosacral neuritis or radiculitis. An MRI of the lumbar spine was performed on 01/04/2014 which showed straightening of the lumbar lordotic curvature which may reflect an element of mild spasm. Disc desiccation at L2-3 down to L5-S1. L4-L5: focal disc herniation which causes stenosis of the spinal canal and of the bilateral neural foramen that contacts the bilateral L5 exiting nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Selective Nerve Root Block/ Transforaminal, Lumbar.

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

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical report of 04/25/2014 gives no evidence of neurologic deficits or radiculopathy. The motor and sensory exams are normal. Therefore, this request is not medically necessary.