

Case Number:	CM14-0079324		
Date Assigned:	07/21/2014	Date of Injury:	04/06/2010
Decision Date:	09/23/2014	UR Denial Date:	05/21/2014
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 Internal 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 injured worker is a 64 year old male whose date of injury is 04/06/2010. The mechanism of injury is described as a fall. Treatment to date includes casting, medication management, braces and physical therapy. The injured worker had significant peroneal nerve and sural nerve injuries requiring repair in 2011. Electromyography/ Nerve Conduction Velocity (EMG/NCV) dated 02/13/14 revealed evidence of active acute and chronic lumbosacral radiculopathy involving L4-5 and L5-S1. Progress report dated 04/21/14 indicates that the injured worker complains of low back pain rated as 9/10. Diagnoses are status post right shoulder arthroscopy and positive EMG of the lumbar spine for radiculopathy at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L4-5/L6-S1 w/ Epidurogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Epidural steroid injection, page 46. The Expert Reviewer's

decision rationale:Based on the clinical information provided, the request for lumbar epidural steroid injection L4-5, L6-S1 with epidurogram is not recommended as medically necessary. There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy as required by CA MTUS guidelines prior to the performance of epidural steroid injection. There is no indication that the injured worker has undergone any recent active treatment. There is no lumbar MRI submitted for review. Given the current clinical data, the requested epidural steroid injection is not indicated as medically necessary.