

Case Number:	CM14-0082042		
Date Assigned:	07/21/2014	Date of Injury:	03/21/2013
Decision Date:	08/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/03/2014

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 & 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 03/21/2013. The patient's reported treating diagnosis is a lumbosacral strain. A magnetic resonance imaging (MRI) of the lumbar spine on 04/25/2014 demonstrated a left L4 paracentral disc protrusion; no canal stenosis was noted, and the neural foramen were noted to be patent. A PR-2 report of 05/13/2014 noted the patient reported ongoing low back pain with a burning sensation and radiation the thighs, left greater than right. No specific neurological deficits were noted. The treatment plan included continued medications including Naproxen and Topamax as well as a home exercise program, transcutaneous electrical nerve stimulation (TENS), and chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection L4-5: 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 Injections Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, states that radiculopathy must be

documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The symptoms in this case are not clearly in a specific dermatomal distribution. The patient does not have clear objective neurological deficits on exam. Magnetic resonance imaging (MRI) imaging is equivocal, with no clear neurologically compressive lesion. The treatment guidelines have not been met to support an epidural injection. This request is not medically necessary.