

Case Number:	CM14-0085340		
Date Assigned:	07/23/2014	Date of Injury:	07/18/2013
Decision Date:	09/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/09/2014

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 Texas. 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:

Medical records reflect the claimant is a 38 year old female who sustained a work related injury on 7-18-13. The MRI dated 3-18-14 was normal. An EMG/NCS dated 4-14-14 showed electrodiagnostic evidence of a chronic left S1 and possible L5 radiculopathy. There is a request for lumbar epidural steroid injection. Most recent office fit dated 4-22-14 notes the claimant has lower extremity pain, tenderness over the T10 region, restricted range of motion of the lumbar spine, positive SLR on the left. There was a request for lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopy Guided Single Caudal Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Integrated Treatment / Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar chapter - epidural steroid injection.

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG reflects that in order to perform an epidural steroid injection, radiculopathy must be documented by physical

examination and corroborated by imaging studies and/or electrodiagnostic testing. The MRI was normal. The Electromyography (EMG)/Nerve Conduction Study (NCS) do not correlate with the MRI findings. Her physical exam does not show evidence of radiculopathy. Therefore, the medical necessity of this request is not established. Additionally, the request is for non specific levels. Therefore, the request is not medically necessary and appropriate.