

Case Number:	CM14-0085402		
Date Assigned:	07/23/2014	Date of Injury:	01/06/2014
Decision Date:	09/24/2014	UR Denial Date:	05/15/2014
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 36 year old male who sustained a low back injury on 1-6-14. On this date, he was performing heavy lifting. Office visit on 4-23-14 notes the claimant was not better with conservative care. The claimant was receiving treatment with medications. The claimant had an MRI on 2-5-14 that showed degenerative disc disease at L4-L5 and L5-S1. On exam, the claimant had decreased range of motion; SLR was at 75 degrees with pain to the leg. The claimant had decreased reflex in the right S1. The claimant was noted to have radiculopathy based on the decreased reflex and positive SLR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

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

Decision rationale: The MTUS Chronic Pain Guidelines as well as the ODG notes that epidural steroid injections are recommended in cases of radiculopathy on exam. His MRI showed degenerative disc disease at L4-L5 and L5-S1. Based on the records provided, to include the claimant's decrease right S1 reflex and positive SLR, the requested epidural steroid injection is reasonable and medically indicated.