

Case Number:	CM14-0086509		
Date Assigned:	07/23/2014	Date of Injury:	09/21/2012
Decision Date:	10/06/2014	UR Denial Date:	05/28/2014
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 General Surgery, has a subspecialty in Surgical Critical Care, 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:

This is a 57 year old male claimant with chronic low back pain. The original date of injury is 9/21/12. There is an office note from 5/13/14 which documents that the claimant has right anterior thigh dysesthesias which is in reasonable medical probability, meralgia paresthetica. The MRI reveals no neurocompressive lesions. There are no electrodiagnostic testing results for review. The request is for epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Lumbar Epidural Steroid Injections (ESI) at the right L4-5 under Fluoroscopy x2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS Guidelines, web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html"Epidural Steroid Injections (ESIs) Chronic Pain Treatment Guidelines

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

Decision rationale: The claimant has chronic low back pain. There is dysesthesias of the right anterior thigh thought to be meralgia paresthetica. There has been MRI of the lumbar spine

which reveals no herniations, just degenerative changes with disc bulges none of which are neurocompressive. There are no electrodiagnostic testing available for review. The documentation provided does not meet the criteria for epidural steroid injections (ESI), there is no objective documentation of radiculopathy.