

Case Number:	CM14-0086901		
Date Assigned:	07/23/2014	Date of Injury:	07/08/2004
Decision Date:	09/24/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/11/2014

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 Nevada. 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 records, presented for review, indicate that this 43-year-old individual was reportedly injured on July 8, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated November 19, 2013, indicated that there were ongoing complaints of back pain. Drug compliance was noted and was associated with a diversion screen. The physical examination was not presented. Diagnostic imaging studies objectified postsurgical lumbar laminectomy changes. Previous treatment included lumbar surgery. A request had been made for a lumbar epidural steroid injection and was not certified in the pre-authorization process on May 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: The progress notes presented for review indicate increased low back pain. However, there is no objectification of a verifiable radiculopathy either on physical examination or corroborated with electrodiagnostic studies. Therefore, when noting the parameters outlined

in the MTUS and by the clinical rationale presented for review, there is insufficient clinical evidence presented to support the medical necessity of such a procedure.