

Case Number:	CM14-0090909		
Date Assigned:	09/10/2014	Date of Injury:	07/01/2013
Decision Date:	10/22/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/16/2014

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 23-year-old male was reportedly injured on 7/1/2013. The mechanism of injury was noted as stacking beer on a shelf while going up and down a ladder. The most recent progress note, dated 5/13/2014, indicated that there were ongoing complaints of low back pain that radiated into the left lower extremity. The physical examination demonstrated lumbar spine had mildly positive straight leg raise on the left at 60. Positive tenderness was along the left and right paraspinal musculature. No recent diagnostic studies are available for review. Previous treatment included physical therapy, medications, acupuncture, and modified duty. A request had been made for epidural steroid injection lumbar spine at L4-S1 and was not certified in the pre-authorization process on 5/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

REQUESTED INTERLAMINAR ESI L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

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

Decision rationale: MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, and considering the criteria for the use of epidural steroid injections as outlined in the MTUS, there is insufficient clinical evidence presented that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of radiculopathy on physical examination. As such, the requested procedure is deemed not medically necessary.