

Case Number:	CM14-0192186		
Date Assigned:	12/10/2014	Date of Injury:	07/13/2012
Decision Date:	01/15/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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 Occupational Medicine and is licensed to practice in California. 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 individual is a 51 year old male who has developed chronic low back pain subsequent to an injury dated 7/13/12. He has been unsuccessfully treated with physical therapy, chiropractic therapy and facet blocks. Current treatment consists of dispensed medications and compounded creams. A radiculopathy is diagnosed, but there are no specific dermatomal findings documented. In addition, there are also no MRI findings corresponding to the requested epidural level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L2-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines are very specific regarding the acceptable standards to perform epidural injections. These standards include: Clear neurological changes in a dermatome pattern, diagnostics that are consistent with the clinical findings, and no more than 1

or 2 levels injected depending upon the technique utilized. None of 3 standards are met in this request. The lumbar epidural injection L2-4 is not medically necessary.