

Case Number:	CM14-0121193		
Date Assigned:	08/06/2014	Date of Injury:	03/15/2014
Decision Date:	10/10/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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 & 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 49 year-old female was reportedly injured on 3/15/2014. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated 6/26/2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated Lumbar spine: positive muscle spasm of the right quadratus lumborum. Patient is unable to walk on toes and heels. Limited range of motion and positive tenderness to palpation over the lumbar spine and spines processes. A paravertebral muscles and decreased sensation in the lateral leg. Diagnostic imaging studies Include x-rays of the lumbar spine 3/21/2014 which revealed negative exam. MRI lumbar spine dated 6/16/2014 documented broad-based bulge produces slight central canal narrowing at 4-5, and L5-S-1. Previous treatment includes medications and conservative treatment. A request had been made for Lumbar epidural steroid injection at L4-5 and was not certified in the pre-authorization process on 7/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at Right L4-L5: Upheld

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

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 in a specific dermatome, corroborated by diagnostic studies such as MRI. As such, the requested procedure is deemed not medically necessary.