

Case Number:	CM14-0140030		
Date Assigned:	09/08/2014	Date of Injury:	05/07/2002
Decision Date:	10/31/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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 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:

The injured worker is a 68-year-old male with a date of injury of 5/7/2002. There is a note that the injured worker had a caudal epidural steroid injection on 11/19/13. On 1/10/14, the injured worker stated that he had had about 80% improvement with the epidural injections. There is a 7/7/14 note indicating the injured worker had back pain which radiated into the lower extremities. The pain radiates into the buttocks and groin as well. An exam of the lumbar spine noted paralumbar tenderness, but no focal neurological deficits in the legs. A reference was made to a magnetic resonance imaging scan that does not show any neurocompressive lesions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Injection Bilateral L3-L4: 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 Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The lumbar magnetic resonance imaging (MRI) for this injured worker does not show a neurocompressive lesion at the L3-4 or L4-5 level. There are no electrodiagnostic testing results provided to confirm radiculopathy. The injured worker's exam as documented

from the 7/14 note did not show any objective evidence of an active radiculopathy in the lower extremities either. Given this set of circumstances, performing another lumbar epidural injection cannot be considered medically necessary.