

Case Number:	CM14-0149824		
Date Assigned:	09/18/2014	Date of Injury:	12/28/2012
Decision Date:	10/29/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/15/2014

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 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:

Medical records reflect the claimant is a 24 year old male who sustained a work injury on 12-28-12. He had an EMG/NCS on 6-27-13 that was normal. An MRI of the lumbar spine on 6-7-13 showed disc desiccation at L3-L4, L4-L5 and L5-S1. There was a disc extrusion of 3 mm at L3-L4, 3 mm central right sided disc extrusion at L4-L5, a diffuse disc bulge towards the left at L5-S1. This claimant has been treated with medications and physical therapy. Office visit on 8-5-14 notes the claimant reports low back pain with radiation to bilateral buttocks and hips. He reports numbness and tingling in bilateral posterior thighs and feet. On exam, the claimant has normal sensation, SLR positive to 45 degrees on the right and 60 degrees on the left. There is tenderness to palpation. DTR are 2+/2 at patella and 2+/trace at the Achilles. Range of motion is decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection lumbar L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter - epidural steroid injection

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that epidural steroid injection is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). This claimant has non radicular pain complaints. He has an EMG that is normal without evidence of radiculopathy. Therefore, the medical necessity of this request is not established.