

Case Number:	CM14-0157233		
Date Assigned:	09/30/2014	Date of Injury:	07/04/2011
Decision Date:	10/28/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/25/2014

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:

This injured worker is a 29 year old woman involved in a work related injury from 7/4/11. The injured worker sustained a low back injury and has chronic low back pain with some radiation of pain into the lower extremities. There is a note from the treating physician from April 2014 stating that the lumbar magnetic resonance imaging had been "benign." The injured worker had electrodiagnostic testing in May 2014. The exam noted no focal neurological abnormalities in the bilateral lower extremities. The findings were negative for radiculopathy. A magnetic resonance imaging from July 2014 was done which does not show any neurocompressive lesions. On an evaluation from 8/11/14, a comment was made that the injured worker had decreased sensation at L4, L5 and S1 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for lumbar epidural steroid injections: 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 Injections (ESIs) Page(s): 46.

Decision rationale: The findings provided for review do not meet the criteria. The injured worker has no neurocompressive lesion seen on the magnetic resonance imaging scans. The electrodiagnostic testing was completed and it too is negative for radiculopathy. There is a documented exam showing no focal neurological deficits commensurate with radiculopathy. A varying exam by the treating physician noted some sensory loss, bilaterally, which would be considered a "soft" sign. It is a sign that appears inconsistently. Overall, the injured worker's clinical data does not meet criteria for referral to pain management for a lumbar epidural steroid injection. Therefore, the request is not medically necessary.