

Case Number:	CM14-0098048		
Date Assigned:	07/28/2014	Date of Injury:	10/12/2011
Decision Date:	10/03/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/26/2014

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 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 51-year-old individual was reportedly injured on October 12, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 12, 2014, indicated that there were ongoing complaints of left scrotal discomfort. The physical examination demonstrated left scrotal edema, ecchymosis, and a hematoma. There were sensory changes consistent with nerve compression. Diagnostic imaging studies were not presented for review. Previous treatment included multiple medications, physical therapy, epidural steroid injections, and pain management interventions. A request had been made for epidural steroid injection and was not certified in the pre-authorization process on June 5, 2014. However, an orthopedic consultation was supported in the preauthorization process at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Epidural Steroid Injection: 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 Page(s): 46.

Decision rationale: As outlined in the MTUS, there is support for Epidural Steroid Injections when radiculopathy is documented and corroborated on imaging studies or electrodiagnostic assessment. The clinical examination, presented for review, does not address any evidence just of a radiculopathy, and there are no electrodiagnostic studies objectified of a verifiable radiculopathy. As such, there is insufficient clinical information presented to establish the medical necessity for this procedure.