

Case Number:	CM14-0217834		
Date Assigned:	01/07/2015	Date of Injury:	04/20/2004
Decision Date:	03/12/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old female who reported an injury on 04/20/2009. The mechanism of injury involved a fall. The current diagnoses include lumbar postlaminectomy syndrome, lumbago, and radiculopathy. The latest physician progress report submitted for this review is documented on 08/26/2014. The injured worker presented for low back and leg pain. Upon examination, there was 4/5 motor strength in the bilateral lower extremities with decreased sensation at the L5-S1 level bilaterally. The injured worker was utilizing Motrin 800 mg. Recommendations at that time included a Functional Restoration Program. It was noted that the injured worker had been previously treated with medications, physical therapy, and activity modification. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar caudal epidural steroid injection: 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 Epidural steroid injection. Page(s): 46.

Decision rationale: California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the documentation provided, the injured worker has exhausted conservative treatment. However, there was no objective evidence of radiculopathy upon examination. There were also no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. Given the above, the request is not medically appropriate.