

Case Number:	CM13-0001429		
Date Assigned:	12/13/2013	Date of Injury:	04/10/2008
Decision Date:	02/26/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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 physician 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 patient is a 31-year-old female who reported an injury on 04/10/2008. The injury was noted to have occurred when the patient was preventing a resident from falling out of bed. The patient's symptoms are noted to include low back pain with radiation down her left leg. Her physical exam findings dated 05/27/2013 indicated that she had limited range of motion in her lumbar spine; however, her straight leg raising did not cause radiating pain, and her motor strength, sensation, and deep tendon reflexes were normal to her bilateral lower extremities. Her diagnoses were listed as low back pain with left leg symptoms; severe anxiety and panic disorder with associated depression; insomnia due to pain; and history of lower extremity edema from venous stasis. An MRI dated 03/07/2013 revealed early degenerative changes of the lumbar spine at the L5-S1 level without significant central spinal canal stenosis or foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection L5-S1 lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, second edition Occupational Medicine Practice Guidelines, Reed Group/The Medical Disability Advisor, and the Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: According to the MTUS Chronic Pain Guidelines, the criteria for use of epidural steroid injections include that radiculopathy must be documented by objective findings and corroborated by imaging studies and/or electrodiagnostic testing. The patient was noted to complain of radiating pain from her low back down her left lower extremity. However, her physical examination findings did not include any significant objective findings consistent with radiculopathy. Additionally, her MRI was noted to show early degenerative changes at L5-S1; however, there was no foraminal stenosis or nerve root impingement noted. Therefore, in the absence of objective findings consistent with radiculopathy and corroboration by imaging studies, the request for an epidural steroid injection at L5-S1 lumbar spine is not medically necessary and appropriate.