

Case Number:	CM13-0011942		
Date Assigned:	12/27/2013	Date of Injury:	11/26/2012
Decision Date:	03/14/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/15/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 33-year-old male who reported an injury on 11/26/2012 due to a fall off a ladder that reportedly caused injury to his low back. Prior treatments have included medications, physical therapy and chiropractic treatment. The patient's most recent examination findings included decreased sensation in the L4, L5 dermatomal distribution with limited lumbar range of motion secondary to pain and tenderness to palpation and spasming with facet tenderness at the L4-S1 levels. The patient's diagnoses included lumbar sprain/strain, radicular neuralgia, and thoracic and lumbar myofascitis. The patient's treatment plan included continuation of medications and an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat epidural steroid injection L4-5: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: The request for a repeat epidural steroid injection L4-5 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends

epidural steroid injections for patients with radicular complaints corroborated by an imaging study, provides evidence of nerve root pathology and that is recalcitrant to conservative treatments. The clinical documentation does indicate that the patient was previously authorized for an epidural steroid injection; however, never received it. The patient's recent examination findings do indicate disturbed sensation in the L4-5 dermatomes. However, there are no other signs or symptoms of weakness to support the diagnosis of radiculopathy. The patient has a negative straight leg raising test bilaterally, 5/5 lower extremity strength, and normal reflexes. Additionally, the documentation does not include an imaging study although it is noted that the patient underwent an MRI of the lumbar spine in 02/2013. Therefore, the need for an epidural steroid injection is not clearly indicated. As such, the requested repeat epidural steroid injection L4-5 is not medically necessary or appropriate.