

Case Number:	CM13-0018512		
Date Assigned:	06/09/2014	Date of Injury:	11/29/2012
Decision Date:	08/05/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/29/2013

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 & 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 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 injured worker is a 27-year-old male who reported an injury on 11/28/2012. The mechanism of injury was a fall. Diagnoses include lumbar radiculopathy and low back pain. Treatments include an EMG/NCV and medication. Within the clinical note dated 08/05/2013, it was reported the injured worker complained of pain in his lower back with radiation into both legs. The EMG performed on 11/15/2013 reported the injured worker had mild subacute left S1 radiculopathy. Upon the physical examination of the lumbar spine, the provider noted the range of motion was restricted with flexion limited to 90 degrees due to pain and extension limited to 10 degrees. The provider indicated the injured worker had a positive straight leg raise test on the left side in a sitting position at 45 degrees. The provider noted pinprick test was slightly decreased along the S1 left foot and normal on the right. The provider requested a bilateral lumbar epidural steroid injection. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR EPIDURAL STEROID INJECTION AT THE LEVEL OF L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI) Page(s): 46..

Decision rationale: The request for bilateral lumbar epidural steroid injection at the level of L5-S1 is not medically necessary. The injured worker complained of lower back pain with radiation into both legs. California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The Guidelines note that radiculopathy must be documented by the physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment, exercise, physical methods, and NSAIDs and muscle relaxants. The Guidelines recommend if epidural steroid injections are used for diagnostic purposes a maximum of 2 injections should be performed. There is a lack of clinical documentation indicating the injured worker had been unresponsive to conservative treatment, including exercise, physical methods, and NSAIDs and muscle relaxants. There is a lack of significant objective findings of bilateral neurological deficits such as decreased motor strength, decreased sensation or deep tendon reflexes in a dermatomal distribution. The clinical documentation submitted indicated the injured worker had left sided decreased sensation and a positive straight leg raise test on the left side. There was a lack of significant documentation indicating the injured worker had neurological deficits on the right side. Therefore, the request for bilateral lumbar epidural steroid injection at the level of L5-S1 is not medically necessary.