

Case Number:	CM13-0029224		
Date Assigned:	02/12/2014	Date of Injury:	04/28/2012
Decision Date:	05/21/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/25/2013

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 Orthopedic Surgery 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 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 claimant is a 46-year-old gentleman who was injured in a work related accident on April 28, 2012 when while moving a stack of tables he acutely injured his low back after falling. Clinical records reviewed include a recent July 26, 2013 handwritten progress report indicating complaints of back pain. Objectively, there was noted to be diminished left leg sensation, equal and symmetric reflexes and equal thigh circumference. The claimant was diagnosed with a "lumbar strain". Recommendations at that time were for "epidurals". There were no further or more recent physical examination findings noted. Clinical imaging and testing includes prior electrodiagnostic studies of November 9, 2012 which were negative. Formal documentation of lumbar MRI from November 13, 2012 showed the L5-S1 level to be with disc protrusion with no indication of neural compressive pathology. The L4-5 level was also with disc space narrowing and no indication of lateral recess stenosis. The claimant is noted to have failed conservative measures. At present, a requested epidural injection at the L5-S1 level is recommended for further treatment. Prior care to date has included facet joint injections, physical therapy for greater than twenty-five sessions, a lumbar support, medication management, activity modification, chiropractic care and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: Based on California MTUS Guidelines, L5-S1 epidural steroid injection would not be indicated. Epidural injections are only indicated if radiculopathy is documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. The records in this case indicate no evidence of compressive pathology on imaging with negative electrodiagnostic studies. The negative diagnostic studies coupled with the claimant's recent physical examination finding that failed to demonstrate focal motor, sensory or reflexive change would not support a medical necessity for the requested epidural injection.