

Case Number:	CM13-0032895		
Date Assigned:	12/06/2013	Date of Injury:	05/28/2011
Decision Date:	04/17/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 patient is a 56-year-old female who reported injury on 05/28/2011. The mechanism of injury was continuous trauma. The physical examination on 09/13/2013 revealed the patient had a positive straight leg raise at 70 degrees on the left side with pain radiating down the posterior aspect of the thigh. The strength was 5/5 in L4 and S1 nerve roots bilaterally. The strength in the L5 nerve root was 5/5 in the right and 4/5 in the left. Sensation was normal in the L4 and S1 nerve root distributions bilaterally; however, sensation in the L5 nerve root distribution was decreased in the left. The patient's diagnoses were noted to include chronic lumbar strain with disc herniation and left lower extremity radicular pain. The request was made for an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid I.

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

Decision rationale: California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective radicular examination findings, which are corroborated by imaging and initially unresponsive to conservative care. The patient had objective radicular findings upon examination on the left. There were no decreased myotomes or dermatomes on the right. The clinical documentation submitted for review failed to provide the patient had an MRI of the lumbar spine and failed to document that the patient had trialed and failed initial conservative care. The request, as submitted failed to include the laterality for the injection. Given the above, the request for lumbar epidural steroid injection at L5-S1 is not medically necessary.