

Case Number:	CM13-0035311		
Date Assigned:	01/03/2014	Date of Injury:	03/08/2013
Decision Date:	03/24/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/16/2013

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 35-year-old female who reported injury on 03/08/2013. The mechanism of injury was noted to be the patient was lifting a client into a wheelchair and noticed an onset of low back pain. The note dated 09/25/2013 was submitted for review to accompany a request for an epidural steroid injection at L5-S1. The MRI dated 07/24/2013 revealed the patient had mild disc space narrowing at the levels of L4-S1. At the level of L4-5, there was a 3 mm broad-based posterior disc protrusion extending to 5 mm in the right posterolateral region with no central stenosis and there was mild to moderate right foraminal stenosis. At L5-S1 there was a 6 mm central and left paracentral disc protrusion and the central canal was noted to be adequate with mild left foraminal narrowing. The physical examination revealed the patient had continued back and right leg pain all the way down to her foot. The patient was noted to work out at home and had 12 physical therapy visits. The patient indicated they did not want further physical therapy. The physical examination revealed the patient had a positive straight leg raise on the right and negative on the left and deep tendon reflexes were symmetrical and intact. The patient had a normal neurovascular examination as well as neurologic examination. The plan was noted to include an epidural steroid injection at L4-S1, continue a home exercise program, medications of Norco 10/325 one half tablet 2 to 3 times per day, and Naprosyn sodium 550 mg. Diagnosis was noted to be low back strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at the L4-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, P.46, 2010 Revision, Web Edition

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

Decision rationale: California MTUS Guidelines indicate an epidural steroid injection is appropriate when a patient has radiculopathy documented by objective physical examination, corroborated by imaging studies and that is initially unresponsive to conservative treatment. Clinical documentation submitted for review failed to provide myotomal and dermatomal findings to support an epidural steroid injection. There was lack of documentation indicating the patient had nerve root compression per MRI findings. The patient indicated they had 12 sessions of physical therapy and did not want anymore. As such, there was a lack of documentation indicating the patient had a failure of conservative treatment. The request as submitted failed to indicate laterality for the request. Given the above, the request for outpatient epidural steroid injection at the L4-S1 level is not medically necessary.