

Case Number:	CM13-0037567		
Date Assigned:	12/18/2013	Date of Injury:	10/22/2009
Decision Date:	04/18/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/23/2013

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 Texas. 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 32-year-old female who reported an injury on 10/22/2009. The mechanism of injury was not provided. The patient's diagnoses were noted to include L4-5 lumbar annular tear and lumbar disc protrusion with facet arthropathy. The documentation of 09/30/2013 revealed the patient had an MRI that showed a posterior annular tear at L4-5 with no central or foraminal stenosis noted. The patient had a straight leg raise maneuver that was positive with increasing tightness to the hamstrings at 60 degrees bilaterally. The patient had no motor or sensory deficits in the legs and her reflexes were symmetric. The request was made for an epidural steroid injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL EPIDURAL STEROID INJECTION AT L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

Decision rationale: California MTUS Guidelines recommend epidural steroid injections for patients who have objective findings of radiculopathy upon physical examination that is

corroborated by imaging studies and/or electrodiagnostic testing and the pain must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated the patient had an MRI. The official read of the MRI was not submitted for review. Additionally, while the patient was noted to have tightness to the hamstrings at 60 degrees with a straight leg raise, there was a lack of documentation indicating the patient had radicular pain as there were no motor or sensory deficits in the bilateral legs and the reflexes were symmetric. Given the above, the request for bilateral epidural steroid injection at L4-L5 is not medically necessary.