

Case Number:	CM13-0045331		
Date Assigned:	06/11/2014	Date of Injury:	07/04/2009
Decision Date:	08/01/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/31/2013

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 and Rehabilitation 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 injured worker is a 57-year-old female who reported an injury on 07/04/2009, due to a car accident. The injured worker complained of low back pain extending bilaterally to the buttocks and thighs. She also has pain that radiates down the lateral left leg extending to the ankle and foot. On 10/02/2013, the physical examination revealed extreme tenderness to palpation in the lumbar region. She experienced pain with range of motion activity. Her lower extremities presented with a normal motor and sensory exam. She had a mildly positive straight leg raise test on the left and a negative on the right. On 04/26/2013, the injured worker had an MRI of the lumbar spine without contrast that revealed normal alignment, conus medullaris, and soft tissues. Her vertebra was stable and normal in height with no sign of fracture. She had mild degenerative disc space narrowing at L3-4 with a diffuse disc bulge. There was mild degenerative disc disease noted at L4-5 and L5-S1. Diagnoses include lumbar degenerative disc disease, lumbar facet osteoarthritis, lumbar radiculopathy, and L4-5 lumbar stenosis. The past treatment included epidural steroid injections. The injured worker was on the following medications Flexeril and Relafen. The current treatment plan is for lumbar epidural steroid injection. There was no rationale submitted for review. The Request for Authorization Form was dated 10/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION: 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 (ESIs), page(s) 46 Page(s): 46.

Decision rationale: The MTUS guidelines recommend Epidural Steroid Injections for injured workers with radiculopathy documented on physical examination and corroborated on MRI. The guidelines also recommend that the injured worker be initially unresponsive to conservative care. In this case, the objective findings and imaging studies are inconsistent and do not corroborate radiculopathy. In addition, on physical examination there were no neurological deficits present. Given the above, the request for lumbar epidural steroid injection is not medically necessary and appropriate.