

Case Number:	CM13-0048730		
Date Assigned:	12/27/2013	Date of Injury:	01/02/2012
Decision Date:	04/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/06/2013

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 55-year-old female who reported an injury on 01/02/2012. The mechanism of injury was not provided in the medical records. The patient was diagnosed with displacement of lumbar intervertebral disc without myelopathy. The patient's symptoms included pain to her low back. Examination of the lumbar spine revealed tenderness to the right lower lumbar paraspinal muscles and straight leg raise was 60 degrees on the right and 70 degrees on the left. Motor examination revealed the patient had 5/5 strength in the quadriceps, hamstring, anterior tibialis, posterior tibialis, EHL, peroneus, and gastrocnemius. Upon physical examination the patient's sensation was intact and her reflexes were normal. Prior treatment included physical therapy, home exercise program, and medication.

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 EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

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

Decision rationale: According to the California Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain for patients who are initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The guidelines also state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. An official MRI of the lumbar spine revealed mild degenerative disc changes with 3 mm central herniation superimposed on broad 2 mm disc bulge with moderate to severe facet hypertrophy results and mild bilateral lateral recess narrowing with minimal left foraminal narrowing. There is moderate facet hypertrophy. The documentation submitted for review indicates the patient's sensation was intact, no motor deficits were present, and the patient had normal reflexes. Therefore, in the absence of documented objective findings upon examination to indicate radiculopathy, the request is not supported. Additionally, within the most recent clinical note the provider recommended the patient attend therapy for her back; the efficacy of recent conservative care was unclear within the provided documentation. Given the above, the request for lumbar epidural steroid injection at L5-S1 is non-certified.