

Case Number:	CM13-0056641		
Date Assigned:	12/30/2013	Date of Injury:	07/01/2013
Decision Date:	03/14/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/15/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 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 52-year-old female who reported injury on 07/01/2013. The mechanism of injury was noted to be that the patient was pushing a loaded money wagon that had a broken wheel making it pull to the left and the patient had to compensate for the pull of the wagon and strained her low back. The patient's sensory examination was noted to be intact to light touch throughout the lower limbs without a dermatomal pattern. The patient's motor strength was noted to be 5/5 in the hip flexors and hip extensors with 5/5 for knee flexors, knee extensors, ankle dorsiflexors, and ankle evertors bilaterally. The right-sided dural stretch test caused right low back pain. The patient was reported to have an MRI, which indicated multilevel spondylosis most prominent at L4-5, with mild anterolisthesis and lesser degree at L3-4 and L5-S1, without focal disc protrusion. However, there was noted to be moderate narrowing of the right L3 foramen and mild to moderate narrowing of the bilateral L4-5 foramina, but the L5-S1 appeared to be unremarkable. The patient was noted to have tried chiropractic care and to be starting physical therapy. The patient's diagnosis was noted to be lumbosacral neuritis nos. The request was made for an epidural steroid injection on the right at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural steroid injection (ESI) on the right side of L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: The Chronic Pain Guidelines indicate that for an epidural steroid injection, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review failed to provide evidence that the patient had objective findings of radiculopathy. The clinical documentation did not provide the official MRI report, and documentation of the patient's initial unresponsiveness to conservative treatment. The patient was noted to be getting ready to start physical therapy. Given the above, the request for outpatient lumbar epidural steroid injection (ESI) at the right side of L4-5 is not medically necessary.