

Case Number:	CM13-0057604		
Date Assigned:	01/15/2014	Date of Injury:	06/23/2013
Decision Date:	04/22/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/25/2013

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 Arizona. 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 33-year-old female with a date of injury on 6/23/13. Following a lifting injury, she complained of back and right hip pain. Subsequently, she was seen by physicians including a specialist. Neurological examination did not exhibit focal weakness or impairment of sensation. She had normal reflexes but positive straight-leg raising test. The Patient was treated with physical therapy. The treating physician requested L5-S1 intralaminar epidural injection. MRI lumbar spine on 7/1/13, according to the available report, exhibited 4 mm posterocentral disc bulge at L5-S1, without focal herniation, central canal or exit foraminal compromise. The remainder of the examination showed the patient was within normal limits. An electromyography/nerve conduction velocity (EMG/NCV) was not performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L5-S1 INTERLAMINAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The purpose of the epidural injection is to reduce pain and inflammation. The Chronic Pain Guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain. The guidelines also indicate that radiculopathy must be documented by the physical examination and correlated by imaging studies and/or electrodiagnostic testing. In this patient, no neurological deficits were found to suggest nerve root dysfunction/radiculopathy. An MRI showed a small disc protrusion, but not extrusion. There was no stenosis or nerve root impingement. Therefore, according to the above guidelines, epidural injection is not indicated.