

Case Number:	CM13-0065413		
Date Assigned:	05/07/2014	Date of Injury:	02/10/2010
Decision Date:	07/09/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/13/2013

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 Occupational Medicine 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:

This is a 45 year old female with a 2/10/10 date of injury with ongoing complaints of low back pain and radiation to the right foot with associated numbness and tingling, 6-7/10 on VAS. An MRI of the Lumbar spine dated 8/23/11 revealed retrolisthesis of L5 on S1 with prominent disc osteophyte complex with foraminal stenosis and contact of the L5 nerves, as well as p[rominent L4/5 hypertrophy. A progress report dated 10/28/13 and 2/7/14 revealed the lower extremities are intact to sensation, reflexes of the lower extremities are equal and symmetric, gait is normal but noted to be slow. It is noted that the patient did not acknowledge any history of physical therapy for her low back. She recently lost 100 pounds with gastric bypass surgery but that did not alleviate her low back symptoms. A request was made for 8 sessions of physical therapy on 2/7/14. Treatment to date of the lumbar spine: medications. A Utilization Review decision dated 11/19/13 denied the request for a lumbar epidural steroid injection given there were no objective findings of radiculopathy, and that a prior AME document ted neurological findings consistent with an MRI of the Lumbar spine from 8/23/11.

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: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines (Epidural Steroid Injections) Page(s): 46.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not support epidural injections in the absence of objective radiculopathy. In addition, California (MTUS) criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. The patient has no documented conservative treatment to the low back except for medications. Physical therapy was requested on 2/7/14 as she had not yet had any conservative non-pharmacologic approaches to her low back pain. In addition, the patient has subjective radicular pain down the left leg but there are no recent objective findings of focal neurological deficits corresponding to the lumbar spine. Thus, the request for a lumbar epidural steroid injection was not medically necessary.