

Case Number:	CM13-0067134		
Date Assigned:	02/05/2014	Date of Injury:	04/04/1999
Decision Date:	05/27/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 36-year-old female who reported an injury on 04/04/1999. The mechanism of injury was not provided in the medical records. Her symptoms included back pain with radiation to her legs, the left worse than the right. The injured worker stated that there had been an increase in paresthasias to the left foot. Physical examination revealed moderate tenderness to palpation to the low back region. The injured worker was noted to have a positive straight leg raise test on the left, lower extremity muscle strength of the left ankle plantar flexion was noted to be 4/5, and lower extremity sensation at the S1 nerve distribution was noted to be decreased on the left. The injured worker was diagnosed with thoracic or lumbosacral neuritis or radiculitis, unspecified. Past medical treatment included physical therapy, home exercises, and oral medications. Diagnostic studies included and MRI of the lumbar spine on 08/23/2013 and an electrodiagnostic study on 08/26/2013. On 11/14/2013, a request for a lumbar epidural steroid injection was made. A rationale for the requested treatment was not provided.

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.

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

Decision rationale: According to the California MTUS 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. The documentation submitted for review indicated the injured worker had complaints of back pain that radiated to her legs, left worse than right. The injured worker was noted to have a decrease in muscle strength to the ankle plantar flexion and a decrease in sensation to the left lower extremity at the S1 nerve distribution. The injured worker was also noted to have a positive straight leg raise test on the left. An official MRI of the lumbar spine on 08/23/2013 revealed a left foraminal disc protrusion which produced moderate left foraminal narrowing at the L5-S1 level. On 08/26/2013, a sensory conduction study revealed electrophysiological evidence for mild to moderate left S1 sensory radiculopathy. While the documentation submitted for review provided evidence of radiculopathy upon physical examination corroborated by positive nerve impingement upon official MRI and electrodiagnostic testing, the request would be supported; however, the request as submitted failed to provide the specific level and laterality of the injection site. Therefore, the request is not supported. Given the above, the request for lumbar epidural steroid injection is not medically necessary.