

Case Number:	CM13-0070358		
Date Assigned:	01/03/2014	Date of Injury:	10/08/1998
Decision Date:	06/04/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/24/2013

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 Illinois. 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 74 year old male who reported an injury on 10/8/98 secondary to repetitive motions. The clinical note dated 11/7/13 reported that the injured worker complained of intermittent pain of the posterior aspect of his thigh that radiated down into the calf from time to time. The injured worker reportedly stated this pain was associated with sitting and driving. The physical examination reported there was no tenderness upon palpation. The injured worker had 5/5 strength in the extensor hallucis longus (L5) and the gastroc-soleus (S1) and all sensations were intact. The provider's impression included degenerative disc disease with foraminal stenosis of the lumbar spine and radicular pain involving probably the S1 nerve root. The treatment included a recommendation for an epidural steroid injection at the L5-S1 level. The injured worker had an MRI on 10/29/13 with findings that included height loss of the L5-S1 with a protrusion of a magnitude of 4-5mm. There was moderate to severe narrowing of the foramen bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LUMBAR EPIDURAL STEROID INJECTION AT L5-S1: Upheld

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

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

Decision rationale: The injured worker has a history of intermittent pain of the posterior aspect of his thigh that radiates down into the calf from time to time associated with sitting and driving. The California MTUS criteria for epidural steroid injections include documentation evidence of radiculopathy on physical exam supported by imaging studies and/or electrodiagnostic testing, as well as unresponsiveness to conservative care. The clinical notes indicate that the injured worker had not been seen since 2003. There is a lack of documentation indicating that the injured worker has participated in conservative care to include medication, physical therapy, or a combination of both. Furthermore, the provider's documentation does not show clear evidence that the injured worker has signs and symptoms of radiculopathy to include radiating pain, numbness, and a loss of motor strength and sensation. As such, the request is not medically necessary.