

Case Number:	CM13-0072398		
Date Assigned:	01/08/2014	Date of Injury:	08/20/2013
Decision Date:	07/30/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/31/2013

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 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:

The injured worker is a 57-year-old male who reported an injury on 08/20/2013. He reportedly stepped on a bucket and lost his balance and fell on the right side, hurting his lower back, hip, and right leg. On 11/04/2013, the injured worker presented with pain in the right low back that radiated to the right gluteal area and anterior thigh to the anterior lower leg. Upon examination of the lumbar spine, there was tenderness to palpation, limited range of motion, intact sensation, and a negative straight leg raise test bilaterally. Prior therapy included physical therapy and medications. The diagnoses were lumbar strain and lumbar radiculopathy. The provider recommended a bilateral lumbar epidural steroid injection at L3 to L5, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Epidural Steroid Injection at L3-L5, X1: 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 Injection Page(s): 46.

Decision rationale: According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, the documentation should reveal that the injured worker was initially unresponsive to conservative treatment. The included medical documentation notes the injured worker had a negative straight leg raise bilaterally, intact sensation to the L2 to S1 dermatomes, and tenderness to palpation over the L4 and L5. As the physical exam and diagnostic testing findings do not clearly corroborate radiculopathy and the documentation failed to reveal that the injured worker would be participating in an active treatment program. Therefore, Bilateral Lumbar Epidural Steroid Injection at L3-L5, X1 is not medically necessary.