

Case Number:	CM13-0072440		
Date Assigned:	01/03/2014	Date of Injury:	11/13/2009
Decision Date:	06/02/2014	UR Denial Date:	12/10/2013
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 & 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 62 year old male who reported an injury on 12/09/2009 of unknown mechanism. The clinical note dated 02/07/2014, indicated a diagnoses of inguinal hernia, low back pain and lumbar spondylosis. The injured worker reported low back pain rated 3/10 that radiated to his left legs being more affected than the right leg. The straight leg test was positive at 70 degrees on the right. Motor strenght is 5/5 at the bialteral upper and lower extremilty flexors and extensors. Sensation is normal at bilateral upper and lower extremities. The official lumbar MRI findings dated 10/23/2013, indicated the disc space is decresased in height and signal intensity, although, there is no central calnal or foraminal stenosis. The L3-L4 disc space is decreased is height and signal intensity. There is minimal disc bulge present and minimal central stenosis. L4-L5 There are bilateral perineural cyst present in the proximal formina. The injured worker's medication regimen was lyrica, lidoderm patch and nucynta IR. The request for authorization was submitted on 02/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT MIDLINE EPIDURAL STEROID INJECTION AT L2 THROUGH L4:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker was diagnosed with inguinal hernia, low back pain and lumbar spondylosis. The California Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. The California Chronic Pain Medical Treatment Guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The Chronic Pain Medical Treatment Guidelines also indicate the injured worker should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). There is a lack of neurological deficits on physical examination to suggest a diagnosis of radiculopathy. There is also no documentation of physical therapy in the records. Therefore, per the California Chronic Pain Medical Treatment Guidelines, the request for outpatient midline epidural steroid injection at L2-L4 is not medically necessary.