MAXIMUS Federal Services

Case Number:	CM13-0072692		
Date Assigned:	01/08/2014	Date of Injury:	11/03/2012
Decision Date:	06/05/2014	UR Denial Date:	12/12/2013
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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 26 year old male who injured his lower back while picking up a heavy box on 11/06/12. and was later seen by his treating physician on 11/27/12, where he complained of lower back pain that radiated to both hips. On exam that day, according to the notes provided, the the worker had tenderness, guarding, and spasm of the paravertebral region bilaterally with 4/5 strength with all movements of both legs, but with restricted range of motion due to pain. He was then diagnosed with lumbar myalgia, lumbar myospasm, left lumbar reuritis/radiculitis, and lumbar sprain/strain. His treating physician prescribed physical therapy, acupuncture, exercise, cyclobenzaprine, tramadol, naproxen, omeprazole, ondansetron, amitriptyline/dextromethorphan/tramadol (ADT), and flurbiprofen/diclofenac (FD2510). He also saw a chiropractor during the course of treatment. MRI lumbar spine was done on 6/25/13 after the worker complained of continued lower back pain and cramps which revealed L4-L5 degenerative disk disease with a broad 2-mm disk protrusion and large annular tear. On 7/17/13 the worker's treating doctor reported him complaining of low back pain radiating to his left leg and examined him finding tenderness, normal strength testing, and restricted range of motion due to pain. The most recent progress note found in the documents provided reports the worker again complaining of this lower back pain radiating to his left leg, with the exact same examination findings as on 7/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION L4-5: Upheld

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

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

Decision rationale: The MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, there is no documentation found which shows objective findings related to radiculopathy in the physical exams from the progress notes that were provided for review. Also, there is no mention in any of the notes of which medication, dose, or frequency intended for this injection. Therefore, the lumbar epidural injection L4-5 is not medically necessary.