

Case Number:	CM14-0003754		
Date Assigned:	02/03/2014	Date of Injury:	01/07/2013
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/10/2014

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 41 year old male with a reported injury date on 05/16/2002; the mechanism of injury was not provided. The clinical note dated 11/11/2013 noted that the injured worker had been on light duty for severe back pain and it had worked well. Objective findings included severe tenderness to palpation in the low back and a 50% decrease in the normal range of motion. Additional findings included measured ankle plantar flexion of 4/5 on the right and 4+/5 on the left, decreased S1 nerve distribution in bilateral lower extremities, and positive straight leg test bilaterally. It was noted that the injured worker underwent an MRI on 09/23/2013 the revealed degenerative disc change at L5-S1 with annular fissure, small inferiorly extruded disc material and moderate bilateral neural foraminal encroachment. The request for authorization for a lumbar epidural injection was submitted on 12/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION AT THE L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIS),

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

Decision rationale: It was noted that the injured worker had complaints of severe back pain. Objective findings included measured ankle plantar flexion of 4/5 on the right and 4+/5 on the left, decreased S1 nerve distribution in bilateral lower extremities, and positive straight leg test bilaterally. It was noted that the injured underwent an MRI on 09/23/2013 that revealed degenerative disc change at L5-S1 with annular fissure, small inferiorly extruded disc material, and moderate bilateral neural foraminal encroachment. The MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain as long as radiculopathy is documented by physical examination and corroborated by imaging studies. MTUS Guidelines also require the injured worker has been unresponsive to conservative treatments, and that the injections must be performed using fluoroscopy. Although the injured worker has documented symptomatology to suggest radiculopathy, there is no documentation provided that shows the injured worker has received adequate conservative care treatments. Additionally, it is unclear from the request if this is a right vs left or bilateral injection and there is no request for fluoroscopy. As such this request is not medically necessary and appropriate.