

Case Number:	CM14-0003763		
Date Assigned:	02/03/2014	Date of Injury:	01/07/2012
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
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, has a subspecialty in Pain Medicine 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:

This is a 42-year-old male patient who sustained an industrial injury on January 7, 2012. The mechanism of injury occurred while at a driving range cleaning debris when he tripped backwards and in the process of trying to break the fall, twisted the body awkwardly. Previous treatment included physical therapy and acupuncture, as well as medications. On November 19, 2013 the patient complained of intermittent low back pain that intensifies with bending activities. The physical examination was not performed and plan was to perform a lumbar epidural steroid injection. On December 17, 2013 the patient reported burning pain in his arms and persistent pain and stiffness in the neck. "It was done-over the low back and he states that it took away the burning pain in the legs." There were no physical examination findings reported and plan was to undergo a second injection to the cervical spine. A lumbar spine MRI performed on May 16, 2013 revealed posterior annular tear seen within the intervertebral disc and 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. A request for lumbar epidural steroid injection at L5-S1 62289 x 1 was noncertified at utilization review noting that diagnostic workup did not reveal stenosis or entrapment to substantiate need for injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L5-S1: Upheld

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

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

Decision rationale: The California MTUS Guidelines note that epidural injections can be considered when there is documentation of objective radiculopathy on physical examination, corroborating with diagnostic imaging, and failure of conservative measures. In this case, there are no recent objective findings on examination indicative of radiculopathy, and imaging studies do not corroborate radiculopathy. An MRI of the lumbar spine performed on May 16, 2013 did not identify the presence of central or foraminal stenosis and there is no evidence of nerve root impingement. The request is not medically necessary.