

Case Number:	CM14-0003921		
Date Assigned:	02/03/2014	Date of Injury:	12/14/2012
Decision Date:	06/27/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational 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:

The patient is a 51-year-old female who has submitted a claim for lumbar/lumbosacral disc degeneration associated with an industrial injury date of December 14, 2012. Medical records from 2012 to 2013 were reviewed. The patient complained of lower back pain with radiation to both legs. Pain was accompanied by occasional weakness and tingling of both legs. Physical examination showed bilateral lumbar muscle tenderness, restricted ROM at flexion of 20 degrees and extension of <5 degrees, and DTRs of 2/4 and strength of 5/5 on both lower extremities. MRI done last March 1, 2013 showed medium sized central disc protrusion at L4-5 and small disc protrusion in the midline at L5-S1. Treatment to date has included NSAIDs, opioids, muscle relaxants, TENS, and physical therapy. Utilization review from December 9, 2013 denied the request for lumbar epidural steroid injection at L4-5. Reasons for denial are unavailable.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L4-5: 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 Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. In this case, the patient reported signs and symptoms of radiculopathy. MRI done last March 1, 2013 showed medium sized central disc protrusion at L4-5 and small disc protrusion in the midline at L5-S1. No nerve compression or canal stenosis were noted. Progress notes revealed persistence of symptoms despite oral pain medication intake, TENS unit use, and physical therapy. However, MRI showed no anatomic nerve root compromise. The laterality for injection is likewise not specified. Therefore, the request for a Lumbar Epidural Steroid Injection is not medically necessary.