

Case Number:	CM14-0004941		
Date Assigned:	02/05/2014	Date of Injury:	02/16/2012
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/14/2014

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 Neurosurgery, has a subspecialty in Spine Surgery 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 injured worker is a 55-year-old female who sustained an injury to her low back on 02/16/12 after she suffered a trip and fall injury. The records indicate that the injured worker was initially treated with chiropractic treatment and medications. The records indicate that on 11/20/13, the injured worker complained of low back pain. Physical examination of the lumbar spine noted flexion at 50°, extension of 19°; straight leg raise positive left; motor and sensory examination in tact. The request is for 1-2 diagnostic phase epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE TO TWO (1-2) DIAGNOSTIC PHASE EPIDURAL STEROID INJECTIONS, L5-S1 LEVEL: Upheld

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

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

Decision rationale: The request for 1-2 diagnostic phase epidural steroid injection at L5-S1 is not medically necessary. The previous request was denied on the basis that there was no clinical documentation of radiculopathy in the bilateral lower extremities. MRI scan did not indicate that

there was any evidence of neurologic compression to support the clinical diagnosis of radiculopathy; therefore, the requested injections were not certified. The California MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment to include exercises, physical methods, NSAIDs and muscle relaxants. Given that there was no supporting objective clinical information provided that would indicate an active radiculopathy or the failure of conservative treatment, medical necessity of the request for 1-2 diagnostic phase epidural steroid injections at L5-S1 has not been established.