

Case Number:	CM14-0005424		
Date Assigned:	01/24/2014	Date of Injury:	04/25/2013
Decision Date:	06/19/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/15/2014

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 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 24 year old male who was injured on 04/25/2013 while unloading a truck and worked too fast and noticed pain in his back. Prior treatment history has included physical therapy and the use of Vicodin twice a day along with Motrin. Diagnostic studies reviewed include MRI of the lumbar spine dated 07/03/2013 revealing posterior disc bulges of 203 mm at L1-2, 2 mm at L2-3, 3-4 mm at L3-4, 5-6 mm at L4-5 and 4-5 mm at L5-S1 with annular fissures in the posterior aspect of the L4-5 and L5-S1 disc and with central canal narrowing that is mild at L4-5 and slight to mild on the right at L5-S1. There is mild bilateral L5-S1 neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LEFT L5-S1 EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: EPIDURAL STEROID INJECTIONS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid injections Page(s): 46.

Decision rationale: The CA MTUS, Chronic Pain Medical Treatment Guidelines recommends epidural steroid injections (ESI's) to reduce pain and inflammation, restore range of motion and thereby facilitate progress in more active treatment programs. Criteria for the use of ESI's includes documented radiculopathy on examination and corroborated by imaging with the failure of other conservative measures. The medical records document the patient has failed conservative measures (physical therapy eventually made the pain worse, range of motion continued to be decreased and medications were no longer helping). In addition, the patient had clinical signs of radiculopathy with decreased reflexes, muscle weakness and positive straight leg raising on the left side. Imaging is reported as a 4-5 mm disc bulge at L5-S1 that is slight to mild on the right. The patient's symptoms and clinical findings do not corroborate with the clinical indications of a left sided radiculopathy. As this is a requirement, the request is not medically necessary at this time.