

Case Number:	CM14-0008775		
Date Assigned:	02/12/2014	Date of Injury:	04/13/2005
Decision Date:	06/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/21/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Texas. 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 57 year old male who reported an injury to his low back and left lower extremity on 4/13/2005. The psychological consultation dated 06/10/13 indicates the injured worker showing an increase in physical activities. The injured worker was identified as looking forward as opposed to feeling frustration over his past experiences. The qualified medical evaluation completed on 06/20/13 indicates the injured worker complaining of lumbar region pain as a result of an 11/15/06 injury. However, no information was submitted regarding the description of the initial injury. There is an indication the injured worker has been recommended for psychological treatment secondary to depression. The note indicates the injured worker being recommended to undergo an MRI in order to determine the injured worker's etiology. The clinical note dated 07/11/13 indicates the injured worker showing 4+/5 strength at the left great toe. Reflexes were absent throughout the left lower extremity with trace reflexes at the ankles bilaterally. Pain was identified at the right sacroiliac joint. The clinical note dated 08/29/13 indicates the injured worker continuing with low back pain. The note indicates the injured worker forward flexed at the torso. The injured worker was able to return to the upright position but in a rather slow fashion. The injured worker was able to demonstrate 10 degrees of lumbar extension. Right lateral bending also produces pain on the right. The clinical note dated 11/14/13 indicates the injured worker able to stand more upright. The injured worker also reported less analgia. The injured worker also reported the low back pain was affecting his sleep hygiene. The injured worker has been utilizing Vicodin for pain relief. The clinical note dated 12/19/13 indicates the injured worker having an inability to squat or pivot. The injured worker reported occasionally waddling when ambulating. 4/5 strength was identified at the left great toe. Muscle guarding was identified upon palpation over the lumbar paravertebral muscles. The utilization review dated 01/09/14 indicates the injured worker's requests for epidural steroid

injections were denied as no corroborating evidence supported by imaging studies was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EPIDURAL STEROID INJECTION TO THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

Decision rationale: The request for an epidural steroid injection is non-certified. The documentation indicates the injured worker complaining of low back pain with radiating pain and weakness in the left lower extremity. Epidural steroid injections are indicated provided the injured worker meets specific criteria to include imaging studies confirming the injured worker's neurocompressive findings. No imaging studies were submitted for review. Therefore, it is unclear if the injured worker has any significant pathology in the lumbar region. Given this, the request is not indicated as medically necessary.