

Case Number:	CM14-0009373		
Date Assigned:	04/09/2014	Date of Injury:	11/30/2012
Decision Date:	07/02/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/22/2014

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 injured worker is a 28-year-old male who reported an injury on 11/30/2012; the mechanism of injury was not provided within the submitted medical records. An official MRI dated 09/27/2013 revealed at L4 there appeared to be a broad based disc protrusion encroaching upon the anterior thecal sac causing mild narrowing of the inferior neural foramen bilaterally. An official EMG study done on 07/26/2013 revealed that with testing of the right lower extremity and lumbar paraspinal musculature, that all studies were within normal limits and the report further stated there was no evidence to suggest either an acute or a chronic lumbar radiculopathy, nor was there evidence to suggest peripheral entrapment neuropathy or peripheral polyneuropathy. Within the clinical note dated 04/01/2013, it was revealed that the injured worker had increased low back pain due to work activities. The note further states that physical therapy helped, especially manual manipulation and has been actively doing his home exercise program. The treatment plan included continuing physical therapy. Physical exam revealed a positive right straight leg raise. Within the clinical note of 04/15/2013, the note revealed that the injured worker upon physical exam showed a decrease in low back pain and a negative straight leg raise test. Within the clinical note dated 12/30/2013, physical exam revealed there was no limitation in range of motion in the lumbar spine, motor strength was reported normal, and a negative straight leg raise test. Diagnoses with the report included lumbar radiculopathy, lumbar degenerative disc disease, lumbar disc displacement, and meralgia paresthesia. The request for authorization was dated 01/06/2014 for lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION AT RIGHT L4-L5:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections, diagnostic.

Decision rationale: The request for a lumbar transforaminal epidural steroid injection at right L4-5 is non-certified. The Official Disability Guidelines recommend diagnostic epidural steroid injections to help determine the level of radicular pain in cases where diagnostic imaging is ambiguous. Additionally, to determine pain generators when clinical findings are consistent with radiculopathy but imaging studies are inconclusive. The injured worker had 2 studies done with the MRI showing a disc bulge to press on the thecal sac and did not state whether or not there was any nerve involvement. However, the EMG study stated that the nerve conduction velocities were all within normal limits and there was no evidence to suggest an acute or chronic lumbar radiculopathy, nor peripheral entrapment neuropathy or peripheral polyneuropathy. Moreover, during the month of 04/2013, the injured worker had reported positive results from physical therapy and between 04/01/2013 and 04/15/2013. The injured worker had decreased his pain level and increased his range of motion. In the clinical visit dated 12/30/2013, the physical exam findings did not show evidence of radiculopathy in the presence of a negative straight leg raise test, intact deep tendon reflexes, and normal motor strength and conclusive imaging results that show negative results for radiculopathy and negative physical exam findings for radiculopathy, the request cannot be supported by the guidelines. As such, the request is non-certified.