

Case Number:	CM14-0102014		
Date Assigned:	07/30/2014	Date of Injury:	09/21/2012
Decision Date:	10/06/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/02/2014

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 Anesthesiology, has a subspecialty in Pain 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 66 year old female who sustained an injury to her low back on 09/21/12. The mechanism of injury was not documented. Magnetic resonance image of the lumbar spine dated 11/20/13 revealed moderate to severe right foraminal encroachment also identified with bilateral L5-S1 facet joint arthropathy and a 3mm posterior disc protrusion; moderate to severe L5-S1 spinal canal stenosis. Treatment to date has included activity modification, medication management, and physical therapy. The clinical note dated 03/19/14 reported that the injured worker continued to complain of low back pain at 8/10 visual analog scale. Physical examination noted straight leg raise positive right at 45 degrees; motor strength 5/5 bilaterally; sensation normal in the bilateral lower extremities; numbness/tingling in the bilateral lower extremities at the L5 distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Epidural Steroid Injection at the Bilateral L5-S1 under Catheter Directed:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

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

Decision rationale: Upon objective examination, there were no significant functional deficits or neurological deficits bilaterally upon examination of the lumbar spine. Given that the information provided in the medical record does not provide any significant neurological deficits or objective findings upon examination suggestive that there is a medical necessity for an epidural steroid injection at the left L5-S1 levels, the request was not deemed as medically appropriate. The California Medical Treatment Utilization Schedule states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given this, the request for 1 lumbar epidural steroid injection at the bilateral L5-S1 under catheter directed is not indicated as medically necessary.