

Case Number:	CM14-0102284		
Date Assigned:	07/30/2014	Date of Injury:	07/10/2008
Decision Date:	10/02/2014	UR Denial Date:	06/24/2014
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 Physical Medicine and Rehabilitation, 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 72 year old female who reported an injury on 07/21/2006 due to a trip and fall. Her diagnoses included chronic lumbosacral strain and herniated disc at L4-5 and L5-S1. The injured worker has been treated with medication, physiotherapy, and chiropractic treatment. Her diagnostic studies included an official MRI of the lumbar spine on 12/23/2013 that revealed disc bulges at L4-5 and L5-S1 with bilateral foraminal narrowing. No surgical history was included in the report. Per the 05/19/2014 consultation, the injured worker reported low back pain radiating down the left lower extremity. Objective findings included 4/5 strength in the lower extremities, 1+ knee and ankle jerks, and positive straight leg raising bilaterally. The current medications were not provided. The treatment plan included a lumbar epidural steroid injection at L4-5 and L5-S1 due to the injured worker's lumbar radiculopathy. The request for authorization was signed and dated on 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Lumbar Transforaminal Epidural Injection at L5-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for outpatient lumbar transforaminal epidural injection at L5-L5 and L5-S1 is not medically necessary. The California MTUS Guidelines state the purpose of epidural steroid injections is to facilitate progress in more active treatment programs, but injections alone offer no long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies. Pain must be initially unresponsive to conservative treatment. The medical records provided indicate the injured worker was experiencing radiating low back pain and was recommended for lumbar epidural steroid injections on the left at L4-5 and L5-S1. The objective findings included decreased strength and reflexes in the bilateral lower extremities with positive straight leg raising. A complete neurologic examination was not provided to evaluate for sensory deficits. There is no indication of the failure of a recent trial of conservative care. There is a lack of physical examination findings to support injections at L4-5 and L5-S1. In addition, the submitted request does not correlate with the treatment plan or request for authorization. As such, the request for outpatient lumbar transforaminal epidural injection at L5-L5 and L5-S1 is not medically necessary.