

Case Number:	CM14-0103706		
Date Assigned:	07/30/2014	Date of Injury:	08/16/2002
Decision Date:	09/09/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 65 year old male whose date of injury is 08/16/2002. The mechanism of injury is described as a slip and fall while cleaning a bathroom. Lumbar MRI dated 03/03/14 revealed at L4-5 there is a broad posterolateral annular bulge with moderate facet arthrosis. There is moderate thecal sac narrowing. There is bilateral moderate to marked foraminal stenosis. Electrodiagnostic studies (EMG/NCV) dated 05/06/14 indicates strength is 5/5 and sensation is intact. There is electrodiagnostic evidence of left L5 and S1 radiculopathy. Handwritten progress note dated 06/24/14 indicates that the injured worker complains of low back pain radiating down the left leg. On physical examination there is weakness in the EHL and anterior tibialis. Straight leg raise is positive on the left (no measurement provided). Diagnosis is herniated nucleus pulposus/stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Epidural Steroid Injection at L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Epidural steroid injection Page(s): 46/127.

Decision rationale: Based on the clinical information provided, the request for left lumbar epidural steroid injection at L4-5 is not recommended as medically necessary. CAMTUS guidelines require documentation that an injured worker has been initially unresponsive to conservative treatment prior to the performance of a lumbar epidural steroid injection. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. It is unclear if the injured worker has undergone any recent active treatment or if he has undergone prior epidural steroid injections. Therefore, the request is not in accordance with CAMTUS guidelines, and medical necessity is not established.