

Case Number:	CM14-0104269		
Date Assigned:	09/16/2014	Date of Injury:	11/05/2012
Decision Date:	10/15/2014	UR Denial Date:	07/01/2014
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 Pain Management 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 40-year-old male who sustained work-related injuries on November 5, 2012. He underwent urine drug screening collected on June 24, 2014 which detected nothing. He then went to his provider on June 24, 2014 and stated that he does not want epidurals. Medical records dated July 29, 2014 noted that the injured worker continued to complain of low back pain which radiates to the right leg and ankle. Lumbar spine examination noted tenderness, guarding and spasm over the right paravertebral region. A trigger point was noted in the right lumbar paraspinal muscle. Manual muscle testing revealed 4/5 in all planes and range of motion was restricted due to pain and spasm. Decreased sensation was at L4-S1 on the right and decrease sensation to light touch was noted in the right foot. Myotomes test revealed 4/5 in the right L2 (hip flexors) and left L3 (knee extensors). A magnetic resonance imaging scan of the lumbar spine performed on June 21, 2013 noted severe degenerative disc disease at L5-S1 with grade I anterolisthesis of L5 on S1, contributing to severe bilateral neural foraminal narrowing with mass effect on the exiting L5 nerve roots. At L4-5, there is a 2 millimeter disc bulge and mild facet arthropathy contributing to mild bilateral neural foraminal narrowing. At T11-T12, there is a 4-millimeter left paracentral/foraminal broad-disc protrusion causing narrowing of the left lateral recess and moderate left neural foraminal narrowing. Possible abutment of the exiting left T11 nerve root. On September 15, 2014, he underwent an agreed panel qualified medical evaluation in psychiatry which concluded that he has no work-related psychiatry injury. He is diagnosed with (a) disc protrusion and (b) lumbar degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: Although it is appreciated that the injured worker may have lumbar spine radiculopathy, there is no documentation of failure of conservative treatments. Moreover, per progress notes dated June 24, 2014, it is documented that the injured worker does not want epidural injections. Since, there is apparent disinterest in epidural steroid injections and no documentation of failed conservative treatments, the request for lumbar epidural steroid injection (with unknown level and laterality) is considered not medically necessary.