

Case Number:	CM14-0012372		
Date Assigned:	02/21/2014	Date of Injury:	01/05/2013
Decision Date:	08/04/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 Physician 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:

This is a 46-year-old male with a 1/5/13 date of injury. A 12/30/13 progress report indicates moderate low back pain described as constant. Physical exam demonstrates lumbar tenderness. A 2/7/14 physical exam demonstrates mild lumbar tenderness and spasm. A 10/18/13 progress report indicates lumbar tenderness, diminished right Achilles reflex. An 8/16/13 electrodiagnostic study demonstrates right active S1 radiculopathy. A 5/28/13 lumbar MRI demonstrates, at L5-S1, a 3 mm right paracentral disc protrusion with minimal left L5 foraminal stenosis. Treatment to date has included medication and activity modification. There is documentation of a previous 1/16/14 adverse determination for lack of decreased reflexes or decreased sensation or motor strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The California MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, California MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. However, while the injured worker presents with positive electrodiagnostic studies, there is no evidence in the most recent medical report of clinical radiculopathy on physical exam. Imaging reports are negative for significant nerve root compromise at the proposed injection level, with only minimal left L5 neural foraminal stenosis noted on MRI. Therefore, the request for a Lumbar Epidural Steroid Injection L5-S1 is not medically necessary.