

Case Number:	CM14-0012763		
Date Assigned:	02/21/2014	Date of Injury:	11/02/1998
Decision Date:	06/26/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/31/2014

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 Neurosurgery 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 sustained an injury on 11/12/98. The mechanism of injury was not described in the clinical records. The injured worker was followed for ongoing complaints of chronic low back pain radiating to the lower extremities right side worse than left in L5 distribution. No imaging studies were available for review. The injured worker was reported to have moderate to severe degenerative spondylosis in the lumbar spine. The injured worker was seen on 11/04/13 with continuing complaints of chronic low back pain radiating to the lower extremities. Physical examination noted limited range of motion in the lumbar spine with associated muscular spasms in the lumbar paraspinal musculature. Straight leg raise was positive to the right reproducing pain in the right foot at the ankle. The injured worker failed previous use of physical therapy and anti-inflammatory and muscle relaxers. Pain was rated as severe 8/10 on VAS. Follow up on 01/05/14 noted ongoing symptoms in a bilateral L5 distribution in the lower extremities. The injured worker continued to report severe low back pain. Physical examination findings were unchanged. The injured worker was seen again on 02/23/14 with persistent complaints of pain in the lower extremities in L5 distribution bilaterally right side worse than left. Physical examination continued to note guarding of the right lower extremity with positive straight leg raise findings. There were muscle spasms in the lumbar spine with loss of lumbar range of motion. Epidural steroid injections were again recommended at this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI (EPIDURAL STEROID INJECTION) FOR RIGHT L5-S1: Upheld

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

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

Decision rationale: The injured worker continued to be followed for ongoing chronic low back pain radiating to the lower extremities bilaterally right side worse than left in L5 distribution. Physical examination findings noted positive straight leg raise findings to the right that reproduced right lower extremity symptoms. No clear motor weakness sensory deficit or reflex changes were noted on the physical examination findings. There is no diagnostic testing available for review this would include CT or MRI of the lumbar spine identifying evidence of neurocompression at L5-S1. There were also no supportive electrodiagnostic results available for review. Per guidelines there should be evidence consistent with clear unequivocal radiculopathy in the lumbar spine to support epidural steroid injections. Therefore, given the lack of documentation regarding diagnostic testing confirming nerve root compression in the lumbar spine, the request for ESI (Epidural Steroid Injection) for right L5-S1 is not medically necessary and appropriate.