

Case Number:	CM14-0014040		
Date Assigned:	02/26/2014	Date of Injury:	02/11/2013
Decision Date:	07/07/2014	UR Denial Date:	01/18/2014
Priority:	Standard	Application Received:	02/04/2014

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 Orthopedic Surgery 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 35 year old female whose date of injury is 02/11/2013. The mechanism of injury is described as pulling down boxes while standing on a ladder. Lumbar MRI dated 03/12/13 revealed at L4-5 there is grade 1 degenerative anterolisthesis measuring 4 mm in diameter. There is moderate to marked facet hypertrophy as well as ligamentum flavum hypertrophy. This causes severe spinal stenosis and severe narrowing of the lateral recesses. Follow up note dated 01/29/14 indicates lumbar range of motion is limited. Straight leg raising is positive, no measurements provided. Strength is 5/5 in the bilateral lower extremities with the exception of 4/5 right tibialis anterior, Extensor hallucis longus (EHL) and gastroc. Deep tendon reflexes are 2 bilateral patella and 1 bilateral Achilles. Sensation is decreased at L5. Note dated 02/10/14 indicates that diagnoses are lumbosacral sprain/strain, thoracic or lumbosacral neuritis or radiculitis, and acquired spondylolisthesis. She reports no overt motor or sensory deficits of the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L4-L5: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for lumbar epidural steroid injection L4-5 is not recommended as medically necessary. The injured worker's most recent physical examination fails to establish the presence of active lumbar radiculopathy as required by CAMTUS guidelines prior to the performance of lumbar epidural steroid injection. There is no indication that the injured worker has undergone any recent active treatment.