

Case Number:	CM14-0015701		
Date Assigned:	03/03/2014	Date of Injury:	12/31/2012
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/07/2014

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 & 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 36 year old male who reported an injury on 12/31/2012 due to cumulative trauma while performing normal job duties. The injured worker underwent an MRI on 12/06/2013 that documented disc desiccation at the L4-5 and a 3.5 mm disc bulge indenting the thecal sac. The injured worker was evaluated on 01/07/2014. Physical findings included decreased range of motion of the lumbar spine secondary to pain with intervertebral space tenderness at the L3 through the S1 with positive facet loading. The injured worker had a positive straight leg raising test to the right; however, no evidence of motor strength deficits or decreased sensation. A request was made for a lumbar epidural steroid injection at the L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LUMBAR EPIDURAL STEROID INJECTION AT L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIS), 46

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

Decision rationale: The MTUS Chronic Pain Guidelines recommends epidural steroid injections for injured workers who have clinically obvious radiculopathy supported by an imaging or electrodiagnostic study that have failed to respond to conservative treatments. The clinical documentation submitted for review does not have any evidence of radiculopathy upon physical examination of this injured worker. The clinical documentation documents that the injured worker has no motor strength deficits or neurological disturbances in the L4-5 distribution. Additionally, the clinical documentation fails to provide any evidence that the patient has failed to respond to any type of active physical therapy. In the absence of this information the need for an epidural steroid injection is not supported. As such, the requested outpatient lumbar epidural steroid injection at L4-5 is not medically necessary or appropriate.