

Case Number:	CM14-0016465		
Date Assigned:	04/11/2014	Date of Injury:	08/22/2013
Decision Date:	05/29/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/10/2014

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 and Rehabilitation 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 44-year-old female who reported an injury on 08/22/2013. The mechanism of injury was not stated. Current diagnoses include lumbar discopathy and multilevel facet arthropathy, lumbar disc bulge, lumbalgia, and depressed mood. The injured worker was evaluated on 12/04/2013. The injured worker reported 6/10 lower back pain with radiation to the left lower extremity. Physical examination revealed tenderness to palpation, significant trochanteric tenderness, limited lumbar range of motion, negative straight leg raising, intact sensation, and 5/5 motor strength in bilateral lower extremities. Treatment recommendations included a lumbar epidural steroid injection, psychiatry evaluation, and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO PAIN MANAGEMENT FOR LUMBAR EPIDURAL STEROID INJECTION AT THE L4-L5 LEVEL: 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 Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. The injured worker's physical examination revealed 5/5 motor strength with intact sensation and negative straight leg raising. Therefore, there is no evidence of radiculopathy upon physical examination. There were no imaging studies or electrodiagnostic reports submitted for review. There was also no mention of an exhaustion of conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants. Therefore, the injured worker does not meet criteria for the requested procedure. As such, the request for Referral to Pain Management for Lumbar Epidural Steroid Injection at the L4-L5 level is not medically necessary.