

Case Number:	CM14-0018335		
Date Assigned:	04/18/2014	Date of Injury:	09/07/2008
Decision Date:	07/16/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/13/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 53 year old female who sustained an injury to her low back on 09/07/08 the mechanism of injury was not documented. MRI of the lumbar spine revealed moderate neural foraminal narrowing at L5-S1 related to neural foraminal bone ridging; early facet arthropathy associated with small accumulation of facet joint fluid; early facet arthropathy at L3-4 with mild inflammatory response. Physical examination noted no tenderness in the lumbar spine; range of motion allowed for 90 degrees of flexion at the hips with forward reach to the ankles, extension of 20 degrees, and lateral bending of 30 degrees bilaterally; straight leg raise negative bilaterally; neurological examination of the lower extremities intact motor strength, sensation, and deep tendon reflexes. The injured worker was diagnosed with right sciatica at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for lumbar epidural steroid injection at L5-S1 is not medically necessary. After reviewing the submitted clinical documentation, there was no indication of an active radiculopathy in the L5-S1 dermatome. Furthermore, there were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the response to any previous conservative treatment. Given this the request for lumbar epidural steroid injection at L5-S1 is not indicated as medically necessary.

PAIN MANAGEMENT CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Office visits.

Decision rationale: The request for pain management consultation is not medically necessary. Given that the concurrent request for lumbar epidural steroid injections at L5-S1 was not medically necessary; the request for pain management consultation is also not indicated as medically necessary.