

Case Number:	CM14-0019357		
Date Assigned:	05/12/2014	Date of Injury:	01/25/2012
Decision Date:	07/11/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/14/2014

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 Arizona. 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 patient is a 48 year old female who was working as a certified nursing assistant when she sustained an injury to her back. She was attempting to turn a client onto her side when the client fell back onto the patient, which occurred on 1/25/2012. The patient had immediate pain in her neck and right shoulder and 2 days later began experiencing back pain as well. The patient had an examination on 12/30/2013 at which time she reported pain in the lower back with numbness in the lower extremities associated with weakness in the legs. The patient was also experiencing pain and stiffness in the neck and the right shoulder. She states she is able to stand for 30 minutes, walk for 60 minutes, and sit for 15 minutes. The patient had tenderness to deep palpation of the lumbar spine with limitation of lumbar motion. The patient had a negative straight leg raise in the sitting position and in the supine position; she had back pain at 70. She had no motor or sensory deficit and deep tendon reflexes were symmetrical in the lower extremities. The patient had an MRI scan of the lumbar spine on 3/13/2012. The interpretation was a 2 mm disc bulge at L5-S1 with mild thecal sac indentation and a 3.5 mm disc protrusion at L4-5 which was central and slightly to the left. In an examination done on 1/3/2014, the pain management provider felt the patient had decreased sensation over the L5 and S1 distribution of both lower extremities, and a positive straight leg raise on the left. He was requesting a lumbar steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR STEROID INJECTION AT L5-S1: 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 section on Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines' criteria for epidural steroid injections have not been met. The physical examination by 2 examiners is conflicting and does not establish a definite lumbar radiculopathy and the patient's MRI demonstrated degenerative disc disease without evidence of nerve root compromise or outlet stenosis. Therefore, without good evidence on physical examination or imaging studies for radiculopathy, the medical necessity for epidural steroid injections has not been established.