

Case Number:	CM14-0112670		
Date Assigned:	08/01/2014	Date of Injury:	11/02/2013
Decision Date:	09/24/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/18/2014

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 Maryland. 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 claimant has a history of a work injury occurring on 11/02/13 while working as a nursing assistant. She developed low back pain while transferring a patient from a wheelchair to a bed. An MRI of the lumbar spine on 12/20/13 showed findings of multilevel facet hypertrophy with an L4-5 disc protrusion. There was mild multi-level foraminal narrowing without canal narrowing. The claimant was evaluated for physical therapy on 01/29/14. Physical examination findings included decreased lumbar spine range of motion and strength. A course of therapy was planned two times per week for 12 visits. She was seen on 02/11/14 with upper and low back pain radiating to the right side of her chest, buttocks, hips, and legs and associated with weakness. Physical examination findings included lumbar spine tenderness with muscle spasm and trigger points. There was decreased and painful lumbar range of motion. She had decreased lumbar spine strength. Recommendations included authorization for physical therapy. She was continued at temporary total disability. On 04/04/14 there had been minimal improvement with physical therapy, anti-inflammatory medications, or an epidural injection. She had pain rated at 6/10. Physical examination findings included normal lumbar spine range of motion. There was spinous process tenderness and a normal neurological examination. Straight leg raising was negative. Ultram was prescribed. On 05/02/14 recommendations included a pain management evaluation. The claimant was seen by the requesting provider on 05/08/14 with a complaint of low back pain. Pain was and rated at 6/10 and radiating to the buttocks. Physical examination findings included an antalgic gait causing increased back pain. There was bilateral lumbar tenderness with decreased range and painful range of motion. There was radiating pain to the lower extremities on lumbar motion. Straight leg raising was negative. Fabere testing was positive. There was decreased right lower extremity strength and sensation. Authorization for a lumbar epidural steroid injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid injection X1: Upheld

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

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Criteria for the use of Epidural steroid injections, page 46. The Expert Reviewer's decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for low back pain. Prior treatments referenced are an epidural steroid injection which was ineffective. An MRI of the lumbar spine showed findings of mild foraminal narrowing without reported neural compromise. MTUS guidelines require that, "radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, there is no identified neural compression or compromise by imaging that would corroborate a diagnosis of radiculopathy. The claimant has previously had an epidural steroid injection and consideration of a repeat epidural steroid injection would be based on objective documented pain and functional improvement. In this case a prior epidural steroid injection is reported as having been ineffective. Therefore, the requested lumbar epidural steroid injection is not medically necessary.