

Case Number:	CM14-0113418		
Date Assigned:	08/01/2014	Date of Injury:	02/25/2013
Decision Date:	09/17/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/21/2014

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 02/25/2013. The mechanism of injury was not provided. On 05/08/2013, an MRI of the lumbar spine revealed L4-5 mild diffuse disc bulge with no stenosis. An Electromyography (EMG) of the bilateral lower extremities dated 08/09/2013, revealed no evidence of active radiculopathy, plexopathy, or other focal or generalized neuropathy involving the lower limbs, there were chronic reinnervation changes seen in the right L4-5 innervated muscles. On 06/25/2014, the injured worker presented with low back pain across the midline with traveling pain, tingling and numbing sensation down the back of the right leg. Upon examination, there was an abnormal neurological examination, significant numbness extending through the right leg. It was a positive stretch test to the right, confirming nerve impingement to the lower back. There is tenderness and guarded muscles present in the lower limb, the diagnoses were; continuing chronic backache with sciatica to the right leg, with neurological deficit at the 5th lumbar nerve by neurodiagnostic testing. The provider recommended an L4-5 epidural steroid injection. The provider's rationale was not provided. The request for authorization form was dated 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Epidural Steroid Injection: 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 Epidural Steroid Injection Page(s): 46.

Decision rationale: According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs, when there is radiculopathy documented by physical examination, and corroborated by imaging studies and/or electro diagnostic testing. Additionally, the documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy, and no more than two root levels should be injected using transforaminal blocks. The documentation submitted for review notated a positive stretch test to the right leg, significant numbness extending through the right leg confirmed by neurodiagnostic testing in the distribution of the 5th lumbar nerve to the top of the right foot, an abnormal neurological examination. There were no numerical sensory or motor strength deficits presented, additionally, physical exam findings lack evidence of results of a straight leg raise test. As the physical examination and diagnostic testing findings do not clearly corroborate radiculopathy, and documentation failed to show the injured worker would be participating in an active treatment program following the requested injection, an epidural steroid injection would not be warranted. Moreover, the request failed to specify the use of fluoroscopy for guidance in the request as submitted. Based on the available information, the request is not medically necessary.