

Case Number:	CM14-0116625		
Date Assigned:	08/04/2014	Date of Injury:	03/26/2014
Decision Date:	09/11/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/22/2014

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. 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 sustained an injury to her low back while assisting a patient get into the passenger side of a vehicle, when the patient began to fall out of the car. The injured worker quickly grabbed the patient, at which time the injured worker experienced a pulling sensation in the low back with discomfort. Plain radiographs were obtained and the injured worker underwent 12 visits of physical therapy which aggravated her symptoms. Magnetic resonance image of the lumbar spine without contrast dated 06/02/14 revealed a small posterior disc protrusion at L4-5 without associated central canal stenosis; mild disc bulge at L5-S1 without significant central canal or neural foraminal stenosis. The injured worker continued to complain of burning sensation, numbness, and tingling in the left lower extremity with pain at 4-8/10 visual analog scale. Physical examination noted paraspinal spasm and tenderness; positive straight leg raise left with radiation of pain into the knee; decreased sensation over the posterolateral aspect of the left thigh; muscle weakness in the tibialis anterior, extensor hallucis longus bilaterally; restricted mobility.

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 L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Criteria for the use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page(s) 46 Page(s): 46.

Decision rationale: The request for epidural steroid injection at L4-5 is not medically necessary. Previous request was denied on the basis that the patient has persistent complaints of radicular pain into the left lower extremity with associated neurological symptoms; however, magnetic resonance image showed no evidence of central canal stenosis or neural foraminal narrowing to validate the subjective and objective findings. The California Medical Treatment Utilization Schedule states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given this, the request for epidural steroid injection at L4-5 is not indicated as medically necessary.