

Case Number:	CM14-0145051		
Date Assigned:	09/12/2014	Date of Injury:	07/28/2011
Decision Date:	11/05/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/08/2014

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 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 36-year-old male who reported injury on 07/28/2011. The mechanism of injury was not included. The diagnoses included right sciatica, L5-S1 disc protrusion, and foraminal stenosis. The past treatments included medications. A lumbar MRI, dated 06/06/2014, revealed multilevel disc degeneration, L2-3 spinal canal stenosis and left L3 nerve root impingement with bilateral facet arthropathy, L3-4 spinal canal stenosis, with bilateral facet arthropathy, L4-5 spinal canal stenosis, bilateral facet arthropathy, and mild foraminal stenosis bilaterally, L5-S1 spinal canal stenosis, with possible contact to the right S1 nerve root, and mild foraminal stenosis bilaterally. The progress note, dated 08/15/2014, noted the injured worker complained of low back pain that radiated to his right lower extremity. The physical examination revealed lumbar range of motion with flexion to 45 degrees, decreased sensation of the right lateral foot, and weakness to the right calf. Deep tendon reflexes were noted to be unobtainable. The medications were not listed. The treatment plan recommended a lumbar epidural steroid injection, and refilled medications including naproxen, Flexeril, and tramadol. The Request for Authorization form was submitted for review on 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at the L5-S1: Upheld

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

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

Decision rationale: The injured worker had low back pain radiating to his right lower extremity with decreased sensation to the right lateral foot and weakness to the right calf. An MRI noted impingement of the left L3 nerve root, and spinal canal stenosis from L3-S1, with possible right S1 nerve root contact. The California MTUS Guidelines indicate the criteria for epidural steroid injection include documentation of radiculopathy on physical exam in the applicable dermatomal distribution with corroborative findings on imaging or electrodiagnostic testing, and a failed response to conservative treatment. There is a lack of evidence of radiculopathy to the L5 nerve distribution. The imaging provided revealed a left L3 and possible right S1 nerve root impingement. There is a lack of evidence of failed conservative treatment. Additionally, the request did not indicate the left, right, or bilateral L5-S1 injection to establish medical necessity. Given the lack of evidence of neurological dysfunction within the L5 nerve distribution, the lack of corroboration of findings with imaging, the lack of documentation of conservative care, and the lack of specification of the intended injection site, an epidural injection at L5-S1 is not indicated or supported at this time. Therefore, the request is not medically necessary.