

Case Number:	CM14-0158522		
Date Assigned:	10/02/2014	Date of Injury:	03/13/2013
Decision Date:	10/29/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/26/2014

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:

This injured worker sustained an injury on 3/13/13 while employed by [REDACTED]. Request(s) under consideration include Lumbar ESI, Right L3-4 under Fluoroscopy. Diagnoses include lumbar L3-4 neuroforaminal stenosis and central stenosis at L4-5. Conservative care includes medications, physical therapy, and modified activities/rest. MRI of lumbar spine showed right L3-4 neuroforaminal stenosis; mild central stenosis at L4-5 with moderate left neuroforaminal stenosis; L5-S1 with facet arthropathy and disc protrusion touching S1 nerve root bilaterally. Report of 9/10/14 from the provider noted the injured worker with ongoing chronic low back pain radiating to the right leg. Exam showed normal lumbar range of motion; no groin or thigh pain; positive right SLR; normal motor strength except with possible right ankle evertor weakness but difficult to assess, normal sensation and reflexes. The request(s) for Lumbar ESI, Right L3-4 under Fluoroscopy was non-certified on 9/23/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI, Right L3-4 Under Fluoroscopy: 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 injections (ESIs) Page(s): 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not demonstrated here. Although the injured worker has radicular symptoms; however, the clinical findings was without correlating neurological deficits with intact motor strength, sensation, and reflexes. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Criteria for the LESI have not been met or established. The Lumbar ESI, Right L3-4 under Fluoroscopy is not medically necessary.