

Case Number:	CM14-0164949		
Date Assigned:	10/10/2014	Date of Injury:	02/07/2014
Decision Date:	11/10/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/07/2014

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 30-year-old female with a date of injury on February 7, 2014. The injured worker presented to the treating provider for initial examination on July 8, 2014 with complaint of back and leg pain. She reported that since her injury, she has had attended six sessions of physical therapy, which was not helpful. On examination, very mild lumbar tenderness was noted, range of motion was limited, reflexes of the knees and ankles were trace, and straight leg-raising test on the right side elicited low back, buttock, and upper thigh pain. The injured worker returned on July 22, 2014 with continued back and right hip pain that radiated to her right thigh extending to her knee and right foot. She reported that prednisone did not provide her with any benefit. She was unable to take anti-inflammatories or narcotics. Review of the magnetic resonance imaging scan study done on June 9, 2014 revealed very small disc bulges at L3-L4 and L4-L5 with no evidence of very significant disc herniation. Objective findings were essentially unchanged with additional finding of slight tenderness on the right side. She was reevaluated on August 5, 2014 with persistent pain in her back and in the medial aspect of her right foot and ankle. She also noted little tingling sensation in the plantar of her foot. On examination, some tenderness was present over the right low back, range of motion was decreased, and reflexes of the knees and ankles were reduced and straight leg-raising test elicited pain in the right back, buttock, and thigh. Electrodiagnostic testing was done on August 19, 2014 which showed no evidence of right lumbar radiculopathy. In her follow-up visit on August 26, 2014, the injured worker complained of continued pain in her and right hip as well as little pain in her left hip. She also noted occasional pain in her right knee and lower leg. She reported that attending pool therapy had not been helpful. On examination, she favored the right side when standing on her toes and heels, there was mild lumbar tenderness more to the right, restricted range of motion, and decreased reflexes of the ankles. Straight leg-raising test still

elicited pain on the right side. The injured worker returned on September 9, 2014 with complaint of back pain primarily on her right side that radiated to her hip as well as pain in her right calf and foot with some burning sensation in her foot. She specified that she had completed pool therapy, which was however not helpful and noted that lumbar traction aggravated her symptoms. On examination, right lumbar tenderness was present, range of motion was limited, reflexes of the knees and ankles were decreased, and a some weakness was noted in the right flexors and extensors of her toes. Straight leg raising test still elicited pain in her right back, buttock, thigh and calf.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right L5 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection (ESIs).

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

Decision rationale: Physical examination findings did not correlate with imaging studies of an active radiculopathy. Moreover, Electrodiagnostic study done on August 19, 2014 had confirmed absence of lumbar radiculopathy on the right side. Therefore, although there is objective evidence of nerve root involvement, the California Medical Treatment Utilization Schedule guidelines do not however support epidural steroid injection in this situation where physical examination is not corroborated by imaging studies and/or Electrodiagnostic testing. Therefore, Outpatient right L5 epidural steroid injection is not medically necessary.