MAXIMUS Federal Services

Case Number:	CM14-0171839		
Date Assigned:	10/23/2014	Date of Injury:	02/27/2014
Decision Date:	12/17/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/17/2014

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 Management and is licensed to practice in Tennessee. 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 is a 45-year-old female with a 2/17/14 date of injury, when she was changing a bed in a guest's room and felt pain in the lower back. The patient was seen on 8/8/14 with complaints of 8/10 burning, radicular low back pain and muscle spasms with associated numbness and tingling of the bilateral lower extremities. Exam findings revealed pain with toe walking, palpable tenderness with spasms in the lumbar paraspinals and over the lumbosacral junction and decreased range of motion of the lumbar spine. The SLR was positive bilaterally at 45 degrees. The sensory was slightly decreased to pinprick and light touch at the L4, L5 and S1 dermatomes bilaterally and the motor strength was 4/5 in all muscle groups of bilateral lower extremities. The diagnosis is lumbar disc protrusion at the L5-S1, lumbar radiculitis and lumbago. An MRI of the lumbar spine dated 5/1/14 revealed mild degenerative disk disease at L3-L4 and L5-S1. An MRI of the lumbar spine dated 7/5/14 revealed at the L5-S1: diffuse disc protrusion with right preponderance an annular tear effacing the thecal sac; normal spinal canal with no signs of stenosis; narrowed right lateral recces; hypertrophy of facet joints and ligamenta flava; disc material and facet hypertrophy causing narrowing of the right neural foramen that effaces the right L5 exiting nerve root. Treatment to date: work restrictions, lumbar brace, ice/heat, chiropractic therapy, PT and medications.An adverse determination was received on 9/26/14 for a lack of documented radiculopathy on physical examination and no electrical studies.An MRI of the lumbar spine dated 5/1/14 revealed mild degenerative disk disease at L3-L4 and L5-S1. An MRI of the lumbar spine dated 7/5/14 revealed at the L5-S1: diffuse disc protrusion with right preponderance an annular tear effacing the thecal sac; normal spinal canal with no signs of stenosis; narrowed right lateral recces; hypertrophy of facet joints and ligamenta flava; disc material and facet hypertrophy causing narrowing of the right neural foramen that effaces the right L5 exiting nerve root. Treatment to date: work restrictions, lumbar brace, ice/heat,

chiropractic therapy, PT and medications.An adverse determination was received on 9/26/14 for a lack of documented radiculopathy on physical examination and no electrical studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection, left L5-S1 QTY: 1.00: Upheld

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

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

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. However the physical examination demonstrated objective signs of radiculopathy, the MRI of the lumbar spine did not reveal correlating concordant nerve pathology at the requested site. Therefore, the request for Epidural steroid injection left L5-S1 QTY: 1.00 is not medically necessary.