

Case Number:	CM14-0175248		
Date Assigned:	10/28/2014	Date of Injury:	01/15/2013
Decision Date:	12/04/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/23/2014

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 54-year-old female who reported an injury on 01/15/2013. While pulling down boxes of various weights from a high shelf, she had a sudden onset of low back pain into the left foot. The injured worker had a nerve conduction velocity test on 04/23/2014 that revealed chronic left L5 radiculopathy. She had an MRI of the lumbar spine on 02/14/2013 that revealed no fracture, and a normal study except for chronic degenerative changes. Diagnoses were chronic strain with left sciatica and 5 mm disc bulge at L4-5. Physical examination on 10/07/2014 revealed complaints of left low back pain and discomfort. The injured worker reported constant mild low back pain that radiated into the left foot. The pain was reported to be aching and burning, and increased to moderate to severe with bending, walking, and lifting. The injured worker reported constant numbness in the left thigh and left foot. There was weakness in the left great toe. Examination revealed normal range of motion, no tenderness, no pain, and no spasm in the thoracic back. Examination of the lumbar spine revealed decreased range of motion. Flexion was to 20 degrees only. There were tenderness, pain and spasm. Neurological examination revealed that the injured worker displayed weakness. The reflexes were normal. Sensory deficit was present. The injured worker had an abnormal straight leg raise test. There was reduced sensation in the left lateral thigh and left medial calf and foot. There was reduced strength in the left great toe. It was noted that the injured worker had an epidural steroid injection 2 months prior. The injured worker reported she would like a second injection for more long lasting results. It was noted that the injured worker's pain was 70% in the back and 30% in the leg. Home exercise was encouraged. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second epidural , L4-5 Left radiculopathy, QTY: 1: 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 Injection Page(s): 46.

Decision rationale: The request for second epidural, l4-5 left radiculopathy, qty: 1 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for repeat injections there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. There were no reports of a reduction of medication use. It is unknown if the injured worker had 50% pain relief for 6 to 8 weeks. It was reported 2 months after the first injection that the pain was back 70%. The medical guidelines state there must be objective documented pain relief and functional improvement, including at least 50% pain relief for 6 to 8 weeks. The injured worker does not meet the criteria set forth by the medical guidelines. Therefore, this request is not medically necessary.