MAXIMUS Federal Services

Case Number:	CM14-0180323		
Date Assigned:	11/04/2014	Date of Injury:	10/24/2013
Decision Date:	12/10/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/30/2014

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 Texas. 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:

Medical records reflect the claimant is a 26 year old female who sustained a work injury on 10-24-13. She has been treated with medications and acupuncture. Office visit on 9-29-14 notes the claimant had sudden increase of pain since 9-22-14. The claimant reports that her legs gave out causing the claimant to fall and unable to get up. The claimant was taken to the ED and was treated and discharged. On exam, the claimant had painful range of motion, equivocal positive SLR bilaterally at 60 degrees. The claimant had tenderness at the lumbar paraspinals with muscle spasms. Range of motion was decreased. DTR showed left ankle 1+ and right ankle and bilateral knees at 2+. Gait was antalgic. Strength testing showed left ankle plantar flexion and knee flexion are 4/5. The claimant was provided a diagnosis of lumbar strain with recent exacerbation. The claimant was provided with medications and an epidural steroid injection at left L4-L5 and L5-S1 recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 and L5-S1 transforaminal epidural steroid injection under fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter -Epidural Steroid Injection

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that for epidural steroid injection radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. On exam, the claimant's DTR showed left ankle 1+ and right ankle and bilateral knees at 2+. Gait was antalgic. Strength testing showed left ankle plantar flexion and knee flexion are 4/5. Therefore, radiculopathy is demonstrated by exam at the left S1 but not left L5. Therefore, the medical necessity for epidural steroid injection at left L4-L5 and L5-S1 is not established as medically necessary.