

Case Number:	CM14-0182112		
Date Assigned:	11/06/2014	Date of Injury:	03/28/2013
Decision Date:	12/26/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Pain Medicine 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 is a patient with a date of injury of 3/28/13. A utilization review determination dated 10/20/14 recommends non-certification of lumbar ESI. It reported an 8/6/13 MRI with a small posterior central annular tear of L3-4 and tiny broad based posterior central disc protrusion with no significant stenosis. There was congenital narrowing of the L4 pedicles with a mild protrusion with narrowing of the right lateral recess contributing to moderate central canal stenosis. 10/21/14 chiropractic report notes right foot muscle weakness. 11/4/14 medical report identifies pain. On exam, there is crepitus, tenderness, effusion, and tenderness. Reflexes and sensation are intact, with a negative SLR on the left and equivocal on the right. Recommendation was to continue with PT and HEP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection, unspecified laterality: 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: Regarding the request for lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, the findings do not corroborate a radiculopathy at any specific nerve root level(s). The neurological exam does not identify any specific findings, as "right foot muscle weakness" is generic and cannot be attributed to any specific nerve root without information regarding the muscles that are weak. Furthermore, the MRI does not identify any neuroforaminal stenosis or nerve root compression. In light of the above issues, the currently requested lumbar epidural steroid injection is not medically necessary.