

Case Number:	CM14-0022003		
Date Assigned:	05/14/2014	Date of Injury:	03/09/2013
Decision Date:	07/10/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/21/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 21-year-old female who reported an injury on 03/09/2013. The mechanism of injury was due to repetitive lifting and bending and carrying trays of food. Diagnosis included sprain of the lumbar region. The documentation indicated the injured worker underwent an MRI in 10/2013. The prior treatments included physical therapy, chiropractic treatment, medication, and a home exercise program. Per the documentation, the injured worker had radicular symptoms on physical examination and EMG findings. There was decreased sensation at the L5 dermatome bilaterally. The injured worker underwent an EMG and nerve conduction study of the lower limbs that suggested bilateral L5 nerve root impingement on 11/22/2013. The documentation of 01/24/2014 revealed the injured worker had pain in the lumbar spine radiating down to the back of her legs with throbbing achy pain associated with muscle spasms. The injured worker had diffuse tenderness to palpation of the lumbar paraspinal muscles. There was mild to moderate facet tenderness to palpation at L4 through S1. The injured worker had a positive Kemp's test bilaterally. The injured worker had a positive straight leg raise bilaterally. The Farfan test was positive bilaterally. The treatment plan included an L5-S1 transforaminal epidural steroid injection bilaterally, a spine surgery consultation for dysraphism and continuation of Celebrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION, BACK:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there is documentation of objective findings upon examination that are corroborated by EMG studies and that are initially unresponsive to conservative treatment. This request was previously denied as the injured worker was to see a spine surgeon and the recommendations of the spine surgeon would be considered. However, the clinical documentation met the above criteria. Given the above, the request for bilateral l5-s1 transforaminal epidural steroid injection, back is medically necessary.