

Case Number:	CM14-0022737		
Date Assigned:	06/11/2014	Date of Injury:	08/05/2009
Decision Date:	07/16/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/24/2014

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 and New York. 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 60 year old female who reported injury on 03/19/2002. Mechanism of injury is unknown. The injured worker complained of lumbar spine pain that radiated into the lower extremities with pain, paresthesias and numbness. No measurable pain noted. On physical examination the injured worker had spasms, tenderness and guarding in the paravertebral musculature of the lumbar spine with a loss of range of motion. The injured worker also had decreased sensation noted bilaterally in the L5 and S1 dermatomes with pain. The physical examination also revealed a healed post-operative arthroplasty incision of the left knee, some tenderness noted at the joint lines. The documentation shows no past treatments. There is a lack of evidence as to what conservative care has been experienced up until this point. MRI is reported to have revealed 1-2mm posterior disk bulge at L3-4, posterior annular tear intervertebral disk with accompanying 2mm posterior disk bulge resulting in mild bilateral neural foraminal narrowing at L4-5 and L5-S1 facet joint hypertrophy without evidence of canal stenosis or neural foraminal narrowing. The treatment is for lumbar epidural steroid injection L4-5, L5-S1. The rationale and request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L4-5, L5-S1: Upheld

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

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

Decision rationale: The request for lumbar epidural steroid injection L4-5, L5-S1 is non-certified. The injured worker complained of lumbar spine pain that radiated into the lower extremities with pain, paresthesias and numbness. No measurable pain noted. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The MTUS guidelines also state that initially the injured worker should be unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The report submitted lacked evidence of any prior failed physical therapy and/or medications. The report also lacked documentation on the injured workers pain levels. There was nothing noted to suggest that the injured worker would not benefit from a home exercise program. Furthermore, the guidelines stipulate that radiculopathy must be documented by physical examination and corroborated by imaging studies. As there was a physical examination and MRI done on the injured worker there was no evidence of radiculopathy. As such, the request for lumbar epidural steroid injection L4-5, L5-S1 is not medically necessary and necessary.