

Case Number:	CM14-0026718		
Date Assigned:	06/13/2014	Date of Injury:	10/08/2004
Decision Date:	07/16/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/03/2014

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, 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 53 year old male who reported an injury on 10/8/04 after a fall. The injured worker had a history of disc height collapse and foraminal encroachment at L3-4 and L4-5. The injured worker had recent exacerbation of ongoing back and leg pain. Upon examination on 6/4/14, the injured worker's exam revealed motor function of 5/5 bilateral digit flexion, digit extension, wrist flexion, wrist extension, deltoid, biceps and triceps; bilateral knee flexion, knee extension, foot dorsiflexion, plantar flexion, and EHL. The injured worker had ongoing lower back pain and spasm in the region of the L3-4 and L4-5 facets. Examination on 2/7/14 revealed the injured worker to have lumbar radiculopathy. The injured worker was given epidural steroid injections and conservative management. The injured worker had bilateral low back pain radiating into the right leg with weakness in the right upper extremity. The treatment received was medications, physical therapy, nonimpact aerobic conditioning, conservative management, and epidural steroid injection on 4/16/14. MRI of the lumbar spine revealed moderate degenerative disc disease at L4-5 with a diffuse disc bulge and x-rays of flexion and extension of the lumbar spine revealed L4-5 degenerative disc disease with no evidence of spondylolisthesis. The medications were Medrol Dosepak, Ibuprofen 800 mg, and Prilosec 20 mg. The treatment plan is for L4-5 lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 LUMBAR EPIDURAL STEROID INJECTION: 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 Page(s): 46.

Decision rationale: The California MTUS guidelines state that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than two ESIs. The injured worker does have a diagnosis of radiculopathy. However, there is a lack of documentation as to how the injured worker responded to conservative treatment. There also is a lack of documentation as to how many ESIs the injured worker had received previous to the current request. As such, the request is not medically necessary.