

Case Number:	CM14-0029144		
Date Assigned:	06/20/2014	Date of Injury:	03/19/2006
Decision Date:	07/17/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/07/2014

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 Occupational Medicine 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:

The injured worker is a 55-year-old female who reported an injury to her low back. The utilization review dated 02/27/14 resulted in a denial for L4-5 epidural steroid injection with monitored sedation as no imaging studies had been submitted confirming any neural compressive findings at the L4-5 level. The clinical note dated 06/05/13 indicates the injured worker having previously undergone an L4-5 microdiscectomy in January 2013. There is an indication the injured worker had shown dramatic improvement over the first 3 months; however, the injured worker reported right sided low back pain with radiation of pain to the buttocks, lateral calf and foot thereafter. The note indicates the injured worker continuing the use of Neurontin with some benefit. Upon exam the injured worker demonstrated 4+/5 strength at the right dorsiflexors. Mild decreased sensation was identified at the right lateral calf and the top of the foot. The clinical note dated 05/03/13 indicates the injured worker having complaints of right sided foot drop. The clinical note dated 09/11/13 indicates the injured worker continued to have complaints of radiating pain from the low back into the anterior thigh on the right. The note indicates the injured worker utilizing an extensive list of pharmacological interventions to include Robaxin, Mobic, aspirin for pain relief. The magnetic resonance imaging dated 10/09/13 revealed facet degenerative changes at L4-5. A disc bulge with a focal herniation just left of the midline was also revealed creating mild foraminal stenosis secondary to facet degenerative changes. Postoperative changes were also identified on the right of the upper L5 level. The clinical note dated 10/09/13 indicates the injured worker demonstrated 5/5 strength in both lower extremities with intact sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L4-5 WITH MONITOR SEDATION:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

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

Decision rationale: The request for an L4-5 epidural steroid injection with monitored sedation is not medically necessary. Per MTUS guidelines, an epidural steroid injection is indicated for injured workers with continued symptomatology following a full course of conservative treatment and imaging studies confirming the injured worker's neurocompressive findings. In this case, the documentation indicates the injured worker having previously undergone a surgical procedure at the L4-5 level. There is an indication the injured worker has experienced periodic strength deficits in the left lower extremity; however, the more recent clinical notes indicate the injured worker showing 5/5 strength. Additionally, no other reflex or sensory deficits were identified. The submitted MRI (magnetic resonance imaging) revealed no significant pathology at the L4-5 level. Given these factors, the requested injection is not medically necessary.