

Case Number:	CM14-0031609		
Date Assigned:	06/20/2014	Date of Injury:	08/22/2013
Decision Date:	09/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/12/2014

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 45-year-old female who reported an injury on 08/22/2013 due to rushing to unload pallets and experiencing low back pain. The injured worker's diagnoses were lumbar myofascial pain, degenerative disease lumbar spine with 5 mm disc protrusion at L4 and L5 with probable radiculitis. The injured worker had no previous history of surgical procedures. Prior diagnostics included an x-ray of the lumbar spine which revealed narrowing of the L3-4 and L4-5 as well as an MRI of the lumbar spine performed on 10/18/2013 which revealed at L4 and L5 a 5 mm disc bulge eccentric to the left mild mass effect without evidence of nerve root compression; mild to moderate left foraminal narrowing and mild right foraminal narrowing and mild facet hypertrophy at L5-S1. The injured worker's prior treatments included physical therapy, medication and Toradol injections. The injured worker complained of constant pain in the back. The pain was rated at a 7/10 in severity. Pain increased with activities. The injured worker also reported pain in both thighs. On physical examination dated 02/19/2014, there were spasms and tenderness in the paraspinal muscles. Range of motion for the lumbar spine was limited to 80% with pain at extreme range of motion. The straight leg raise caused back pain bilaterally. Sensation was intact to light touch and pinpricks in all dermatomes in the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Lumbar Epidural Steroid Injection (ESI) at the L4-L5 level.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend epidural steroid injections for injured workers with radiculopathy that has been documented on physical examination and corroborated on an MRI and/or electrodiagnostic studies. The Guidelines also recommend that the injured worker be initially unresponsive to conservative care. The injured worker was noted to have been provided physical therapy as well as medications. However, the MRI of the lumbar spine failed to support evidence of nerve root involvement at the L4-L5 level and the physical examination failed to provide objective evidence of radiculopathy on examination as deep tendon reflexes, strength and sensation were all within normal limits. Guideline criteria for the requested epidural steroid injection have not been met. As such, the request is not medically necessary.