

Case Number:	CM14-0034588		
Date Assigned:	03/21/2014	Date of Injury:	07/20/2010
Decision Date:	06/10/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/20/2014

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 Orthopedic Surgery, 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 patient is a 28 year old female whose date of injury is 07/20/2010. The patient bent down to pick up a door and injured his back. Lumbar MRI dated 12/07/10 revealed at L5-S1 there is a tiny left proximal foraminal disc protrusion with trace inferior prolapse and a punctate annular fissure. The spinal canal is adequately patent at each lumbar level. Note dated 12/15/10 indicates that the patient has completed her physical therapy. Note dated 07/27/11 indicates that the TENS unit has not helped her pain. She has been approved for acupuncture and continues her home exercise program. AME dated 11/20/13 indicates that she should have access to additional treatment on an industrial basis if she were to resume her pain medications. Note dated 11/25/13 indicates that the patient was recommended to undergo repeat lumbar MRI. Progress note dated 02/11/14 indicates that on physical examination lumbar range of motion is 75% of normal limited by pain. Straight leg raising is negative bilaterally. Deep tendon reflexes are 2+ throughout. Strength is rated as 5/5 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION, RIGHT, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

Decision rationale: Based on the clinical information provided, the request for lumbar epidural steroid injection right L5-S1 is not recommended as medically necessary. There is no indication that the patient has undergone any recent active treatment. The patient's physical examination fails to establish the presence of active lumbar radiculopathy with symmetrical deep tendon reflexes, intact motor strength and negative straight leg raising. The submitted lumbar MRI fails to document any significant neurocompressive pathology. Requested service is not medically necessary.