

Case Number:	CM14-0034727		
Date Assigned:	06/20/2014	Date of Injury:	04/19/2013
Decision Date:	08/08/2014	UR Denial Date:	03/12/2014
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 Emergency Medicine 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 34 year-old male, who sustained an injury on April 19, 2013. The mechanism of injury occurred during a takedown of an uncooperative inmate. The patient's diagnostics have included a lumbar spine MRI dated May 6, 2013, was reported as showing L5-S1 right disc protrusion, suggestive of annular tearing but normal thecal sac and neuroforamina, scattered facet hypertrophy. The patient's treatments have included chiropractic, medications and acupuncture. The current diagnoses include lumbar disc displacement, lumbar radiculopathy, and lumbar facet arthropathy. The stated purpose of the request for lumbar Epidural Steroid Injection (ESI) to the left L5, S1 nerve roots, was to reduce pain and inflammation. The request for Lumbar ESI to the left L5, S1 nerve roots, was denied on March 11, 2014, noting that the injured worker had been improving with treatment, including a reduction in medication usage and working full duty and that referenced guidelines reported no long term functional benefit from epidural injections. Per the report dated January 27, 2014, the treating physician noted complaints of low back pain with numbness and tingling to the feet with exam findings including minimally positive straight leg raising tests, weakness to the bilateral extensor hallucis longus, decreased left L5 dermatomal sensation, positive facet compression testing and reduced lumbar range of motion. Per the report dated March 21, 2014, the treating physician noted that the injured worker does have radiculopathy documented by physical exam and diagnostic findings, and despite improvement in his back pain, still has numbness and tingling in his foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI (Epidural Steroid Injection) To The Left L5, S1 Nerve Roots: Upheld

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

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

Decision rationale: The requested lumbar ESI to the left L5, S1 nerve roots, is not medically necessary. The California Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, page 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. The injured worker has back pain and numbness and tingling to the foot. The treating physician has documented lower extremity weakness and sensory deficits. However, the straight leg raising tests are at most equivocal. Further the lumbar spine MRI dated May 6, 2013, was reported as showing L5-S1 right disc protrusion, suggestive of annular tearing but report normal thecal sac and neuroforamina. The criteria noted above not having been met, lumbar ESI to the left L5, S1 nerve roots, is not medically necessary.