

Case Number:	CM14-0035149		
Date Assigned:	06/23/2014	Date of Injury:	05/10/2013
Decision Date:	08/14/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/21/2014

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 Nevada. 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 records presented for review indicate that this 55-year-old male was reportedly injured on May 10, 2013. The mechanism of injury is lifting garbage. The most recent progress note, dated March 5, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. The injured employee was stated to have doubled his Vicodin usage. Current medications include Colace, Ambien, Vicodin, Zanaflex, Atenolol, Coumadin, Paxil and simvastatin. The physical examination demonstrated an antalgic gait pattern favoring the left side. The injured employee was wearing a left-sided ankle foot orthotics (AFO). Examination of the lumbar spine noted tenderness over the paravertebral muscles on the left and the spinous processes at L5 and S1. There was a positive left-sided straight leg raise test at 45 decreased left-sided knee strength and extensor hallucis longus strength. The treatment plan included physical therapy, acupuncture and a lumbar epidural steroid injection. Diagnostic imaging studies were not commented on. Previous treatment includes the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit. A request was made for an epidural steroid injection at L4-L5 and was not certified in the pre-authorization process on March 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection L4-5: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: The California MTUS allows for epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there is insufficient clinical evidence that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of a potential radiculopathy or nerve root involvement on MRI. As such, this request for an epidural steroid injection at L4-L5 is not medically necessary.