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| Case Number: | CM14-0035768 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 04/23/2013 |
| Decision Date: | 08/12/2014 | UR Denial Date: | 02/26/2014 |
| Priority: | Standard | Application Received: | 03/24/2014 |

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 45-year-old female who sustained an injury to her low back on 04/23/13 while performing her usual and customary job duties as a laborer with a fitness company. She sustained an injury while doing heavy lifting and now has low back pain that radiates down the bilateral lower extremities. Plain radiographs of the lumbar spine with flexion/extension views dated 09/20/13 revealed straightening of the lumbar spine seen; no evidence of an occult fracture; vertebral body heights and marrow signal normal with normal alignment; no destructive bony lesion; paraspinal soft tissues are unremarkable; disc desiccation noted at L4-5 and L5-S1. Electrodiagnostic (EMG/NCV) study of the bilateral lower extremities dated 09/20/13 was unremarkable. Physical examination noted anterior flexion of lumbar spine noted to be 50 degrees; anterior lumbar flexion causes pain; extension 15 degrees with pain; sensory reduced to palpation at right C7 and left L4-5; reflexes symmetrical with 1+ bilaterally, otherwise 2+ throughout; straight leg raise positive right, negative left. The injured worker was diagnosed with status post back strain/sprain dated 04/23/13 and low back pain with left lumbar radiculopathy affecting the L5 and S1 nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (ESI) translaminar at 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: The request for a lumbar epidural steroid injection (ESI) translaminar at L5-S1 is not medically necessary. The previous request was denied on the basis that there were no findings that would identify a radiculopathy, except for bilateral decreased ankle reflexes, otherwise there is no indication of other neurologic deficit or sensory/motor and even straight leg raising positive, but at 90 degrees and only on the right. There was also no corroboration from imaging, therefore, medical necessity cannot be established. The California MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given this, the request for a lumbar epidural steroid injection (ESI) translaminar at L5-S1 is not indicated as medically necessary.