

Case Number:	CM14-0037948		
Date Assigned:	06/25/2014	Date of Injury:	09/30/2011
Decision Date:	11/20/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/28/2014

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 Internal 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 (IW) is a 33-year-old man with a date of injury of September 30, 2011. The mechanism of injury occurred when he was picking up crates of strawberries that weighed approximately 50 pounds up to 100 times a day. This occurred over a year ago. The IW states that since that time, he has had significant pain in the right groin and in the low back area. He had tried 6 to 7 physical therapy sessions and 4 chiropractic sessions. He did not get any pain relief. Pursuant to the progress note dated February 12, 2014, the IW has received 2 injection treatments to date. He had a right sacroiliac joint injection with corticosteroids on October 24, 2012 and June 3, 2013. He had 4 months of pain relief with the injections. The IW has completed a functional restoration program starting on September 2, 2013. Through the program, it is documented that the IW has made significant gains. Specifically, he came off all opioid medications, and is currently taking only Tylenol. His lifting, pushing, and pulling have all exceeded his initial evaluation limitations. He is currently at lifting, pulling, and pushing capacity of greater than 40 pounds. There are no subjective complaints documented in the February 12, 2014 progress note. The objective findings indicate normal findings with the exception of right groin protrusion, most likely inguinal hernia. The neurological exam reports no resting tremors. Romberg's test is negative. Cranial nerves III through XII intact. Differential diagnoses include: Right SI joint dysfunction, Right L4 and right L5 radiculopathy, and right inguinal hernia. Treatment plan recommendations include: Right L4 and right L5 epidural steroid injection, and a general surgical consultation for a right inguinal hernia repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 and L5 Epidural Steroid Injection: 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 Steroidal Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter, Epidural Steroidal Injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, right L4 and L5 epidural steroid injections are not medically necessary. The Official Disability Guidelines provide criteria when using epidural steroid injections. The indications include, but are not limited to, radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and electrodiagnostic testing. Additionally the patient must be initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory drugs and most relaxants). In this case, the physical examination on a progress note dated February 11, 2014 did not show evidence of radiculopathy. Sensation was intact in all lower extremity dermatomes. Straight leg raising test was negative for radicular pain but does elicit pain in the lumbar spine on the right SI joint. Lumbar spine range of motion was decreased. The clinical impression was mild right hip osteoarthritis, right SI syndrome with possible inguinal hernia. The injured worker completed a functional restoration program with discharge abilities of at least 40 pounds handling/lifting. The injured worker received two intra-articular SI joint injections prior to enrollment in the functional restoration program. Consequently, presently there is no objective clinical evidence of active nerve root radiculopathy recorded in the medical record. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the right L4 and L5 epidural steroid injections are not medically necessary.