

Case Number:	CM14-0039278		
Date Assigned:	06/27/2014	Date of Injury:	03/30/2001
Decision Date:	08/19/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 52 year old female who sustained injury to her low back on 03/30/01. The mechanism of injury was not documented. A clinical note dated 06/12/13 reported that the injured worker continued to have chronic low back pain that she described as worsening 6-9/10. Physical examination noted antalgic gait; decreased lumbar range of motion with flexion/extension; paravertebral muscle tightness; tight muscle band of the bilateral lumbosacral region; positive facet loading; mild tenderness over the bilateral sacroiliac joints; tenderness over the groin; mildly reduced motor strength in the left extensor hallucis longus, left ankle dorsiflexors; subtle reduction at left ankle plantar flexor, left knee flexor; sensation to light touch was decreased over lateral foot and plantar aspect of the left foot, left side; weak left ankle jerk. Magnetic resonance image of the lumbar spine in May of 2013 reportedly revealed a disc herniation at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar epidural steroid injection at L4, epidurogram, IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

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

Decision rationale: The California Medical Treatment Utilization Schedule states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Magnetic resonance image revealed a disc herniation at L4-5 which would possibly correlate with physical examination findings as a radicular pain generator; however, the request includes intravenous sedation. There was no indication that the injured worker suffers from extreme anxiety or has a needle phobia that would warrant the use of intravenous sedation. Given this, the request for one lumbar epidural steroid injection at L4, epidurogram and intravenous sedation is not indicated as medically necessary.