MAXIMUS Federal Services

Case Number:	CM14-0042948		
Date Assigned:	06/30/2014	Date of Injury:	08/30/2013
Decision Date:	08/25/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/09/2014

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 Occupational 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:

This is a 33-year-old male with an 8/30/13 date of injury, when fell from the ladder and injured his lower back. The patient was seen on 3/5/14 for orthopedic reevaluation with complaints of constant 7/10 back pain that was not improving. The pain was aggravated with standing, walking, bending and lifting. The pain was radiating to the patient's hips, thighs and buttocks. The patient denied bowel or bladder control difficulties. An exam findings revealed tenderness in the sciatic notch bilaterally and spasm and tenderness in the paraspinal muscles. Straight leg raising test was positive bilaterally. The sensation was intact to light touch and pinprick in all dermatomes in the lower extremities bilaterally. Babinski sign and Hoffman sign were negative bilaterally. Heel and toe gait was normal. The patient's motor strength was 5/5 bilaterally in all muscle groups in the lower extremities. The knee and ankle jerks were 2/4 bilaterally. The patient remained off work and failed to improve after conservative treatment. The diagnosis is lumbar and thoracic sprain/strain. A 10/2/13 MRI of the lumbar spine revealed a L5-S1 6mm central extruded herniation, hypertrophic changes at the facet joints, moderate right and minimal left S1 stenosis and 2 mm bulge L4-L5. 10/13/14 Plain films revealed bilateral stenosis at L5-S1. The patient's treatment to date includes acupuncture, physical therapy, medications, work restrictions and a heating patch. An adverse determination was received on 3/28/14. Despite the MRI finding, the patient had normal neurological exam, which failed to meet the California MTUS guideline criteria for lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46).

Decision rationale: The California MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, California MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. However, while a positive straight leg raise was elicited, this finding is non-specific to a specific nerve root level and further physical examination did not corroborate focal neurological deficits that would corroborate a specific injection level. In addition, a specific level and laterality to be injected was not identified in the request. Therefore, the request for an Epidural steroid injection to the lumbar spine was not medically necessary.