

Case Number:	CM14-0043831		
Date Assigned:	07/02/2014	Date of Injury:	07/01/2013
Decision Date:	08/22/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/10/2014

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 & Rehabilitation has a subspecialty in Pain 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 is a 22-year-old male who reported an injury on 07/01/2013 due to repetitive motions while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included medications and physical therapy. It was noted that a lumbar epidural steroid injection had been requested multiple times; however, had never received authorization. The injured worker was evaluated on 03/14/2014. It was noted that the injured worker had low back pain radiating into the left lower extremity, rated at a 5/10 to 7/10. The injured worker's medications included Mobic 7.5 mg. Physical findings included tenderness to palpation from the L1 to the sacrum with evidence of spasming. The injured worker had restricted range of motion secondary to pain and a positive left-sided straight leg raising test. The injured worker had 4/5 motor strength in the lower extremities. It was noted that the injured worker had undergone an MRI that identified two 5 mm disc bulges. The injured worker's diagnosis included intermittent lumbar radiculopathy and lumbar disc bulges. A request was made for a lumbar epidural steroid injection at the L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION (ESI'S).

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

Decision rationale: The requested lumbar epidural steroid injection at the L4-5 and L5-S1 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have evidence of radiculopathy in dermatomal patterns consistent with pathology identified on an imaging study that have failed to respond to conservative treatment. The injured worker has persistent pain complaints with intermittent radiation into the left lower extremity and decreased motor strength in the left lower extremity that has failed to respond to physical therapy and anti-inflammatory medications. However, the injured worker's physical findings are generalized and do not provide symptoms consistent with a dermatomal distribution in the L4-5 and L5-S1 patterns. Furthermore, the documentation submitted for this review did not include an independent report of the MRI to support neurological pathology. As such, the requested lumbar epidural steroid injection at the L4-5 and L5-S1 is not medically necessary or appropriate.