

Case Number:	CM14-0045464		
Date Assigned:	07/02/2014	Date of Injury:	06/27/2012
Decision Date:	09/15/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	04/01/2014

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 Texas and Oklahoma. 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 42-year-old female who reported an injury on 06/27/2012. The mechanism of injury was not provided. On 02/06/2014, the injured worker presented with ongoing pain to the lumbar spine with radiation to the leg. On examination of the lumbar spine, there was 2+ bilateral knee jerk, 2+ ankle jerks, and a negative Babinski, decreased sensation to the L4 to S1 dermatome to the left. Examination of the lower extremities noted motor strength from L1 to S1 normal with all muscle group testing 5/5. There was a negative bilateral straight leg raise and a normal gait with limited range of motion of the left ankle with pain. The diagnoses were not provided. An MRI revealed evidence of a disc herniation. Prior therapy included medications. The provider recommended a lumbar epidural steroid injection at L4-5 due to the patient's failure to respond to conservative treatment and annular tear at L4-5 with radicular symptoms into the left leg. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for lumbar epidural steroid injection L4-5 is non-certified. According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy for guidance and no more than 2 root levels should be injected using transforaminal blocks. The documentation submitted for review stated that the injured worker completed initially recommended conservative treatment but continued to complain of pain. There is decreased sensation to L4-S1 on the left with 5/5 motor strength. There was negative bilateral straight leg raise and limited range of motion to the left ankle with pain. No motor strength deficits were noted and there was a negative bilateral straight leg raise. Physical examination findings did not correlate with diagnostic testing findings to corroborate radiculopathy. In addition, the documentation failed to show that the injured worker would be participating in an active treatment program following the requested injection. There is lack of objective measurement of the efficacy of the conservative treatment given to the injured worker. Based on the above, the request is non-certified.