

Case Number:	CM14-0053642		
Date Assigned:	07/07/2014	Date of Injury:	09/20/2012
Decision Date:	09/05/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/22/2014

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 and is licensed to practice in Nevada. 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 57-year-old male who was reportedly injured on September 20, 2012. The mechanism of injury is noted as pulling out a trashcan. The most recent progress note dated April 16, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. The physical examination demonstrated tenderness over the lumbar spine with muscular guarding and spasms. There were trigger points noticed throughout the lumbar paraspinal muscles. Range of motion was restricted due to pain and spasms. A lower extremity neurological examination revealed decreased sensation at the L5 dermatome of the left foot. Diagnostic imaging studies of the lumbar spine showed severe spinal stenosis at L4-L5 with spondylolisthesis as well as mild to moderate stenosis at L2-L3 and L3-L4. There was also mild to moderate stenosis present at L5-S1. Previous treatment includes left shoulder surgery and physical therapy. A request was made for a lumbar epidural steroid injection and was not certified in the pre-authorization process on April 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Epidural Injections (ESIS) Page(s): 46.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections include that a radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. While the injured employee does complain of radiation to the left lower extremity and physical examination finds decreased sensation in the L5 dermatome on the left side, the magnetic resonance image of the lumbar spine does not indicate any neurological involvement at that level. Considering this, the request for lumbar epidural steroid injections is not medically necessary.