

Case Number:	CM14-0055148		
Date Assigned:	07/07/2014	Date of Injury:	01/10/2014
Decision Date:	08/21/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/24/2014

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 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 33-year-old female who reported an injury on 01/10/2014. The mechanism of injury was the injured worker was making a bed at work. Prior treatments included physical therapy and medications. Documentation of 03/04/2014 revealed the injured worker had 75% low back pain localized to the L4-S1 region bilaterally, and buttock and leg pain with the left side being greater than the right. The injured worker underwent physical therapy that was of no help. The physical examination revealed a decreased range of motion and significant sciatic notch pain bilaterally. There was normal sensation in the L2-S1 distribution. The injured worker had muscle testing of 4/5 in the bilateral tibialis anterior. Otherwise, the injured worker was noted to be 5/5. The injured worker was noted to have had an X-ray of the lumbar spine that revealed no evidence of spondylosis changes. There was no scoliosis. On the lateral view, the injured worker had well maintained lumbar lordosis. On flexion and extension, the injured worker had no obvious evidence of instability. The physician opined it may look like there is an L4-5 significant instability. The physician additionally opined it was rotatory. The treatment plan included an MRI and nerve root injections. The diagnosis was lumbar sprain and strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Steroid nerve root injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back (Official Disability Guidelines).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Epidural Steroid Injection.

Decision rationale: Per the Official Disability Guidelines, epidural steroid injections are appropriate when there is documentation of objective findings of radiculopathy upon examination that is corroborated by imaging and/or electrodiagnostic studies. Additionally, there should be documentation the injured worker's pain was unresponsive to initial conservative care including nonsteroidal anti-inflammatory drugs (NSAIDs), physical therapy, and muscle relaxants. There was a lack of documentation of a failure of conservative care and there was no corroboration by imaging studies and/or electrodiagnostic studies. The request as submitted failed to indicate the level for the requested epidural steroid injection. Given the above, the request is not medically necessary.