

Case Number:	CM14-0056345		
Date Assigned:	07/16/2014	Date of Injury:	01/14/2014
Decision Date:	09/19/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/25/2014

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 records presented for review indicate that the injured worker is a 51 year old female who was reportedly injured on January 14, 2014. The mechanism of injury is undisclosed. The most recent progress note, dated March 17, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated decreased lumbar spine range of motion and tenderness to the lumbar paraspinal muscles. There was a positive bilateral straight leg raise test. Neurological testing indicated decreased sensation in the L4 and L5 nerve distributions bilaterally. Diagnostic imaging studies of the lumbar spine indicated a disc protrusion at L4/S5 and L5/S1 which indents the anterior thecal sac. Bilateral facet arthropathy was also noted at these levels. Previous treatment includes physical therapy, chiropractic care, and trigger point injections. A request was made for a lumbar spine epidural steroid injection at L4/L5 and was not certified in the preauthorization process on March 26, 2014.

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-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS. (Effective July 18, 2009) Page(s): 46 OF 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the criteria for use of epidural steroid injections include the presence of a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MRI of the lumbar spine does not indicate any nerve root involvement to correspond with the physical examination. For this reason this request for lumbar spine epidural steroid injections at L4/L5 is not medically necessary.