

Case Number:	CM14-0058643		
Date Assigned:	07/09/2014	Date of Injury:	04/11/1994
Decision Date:	09/12/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/29/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 61 year old male who sustained an injury to his low back on 04/11/94. The mechanism of injury was not documented. MRI of the lumbar spine with 3D reconstruction dated 02/28/14 revealed levoconvex scoliosis at L3-4 demonstrated and spondylolisthesis which was slightly more prominent with right-sided spondylosis, possibly on the left side; multilevel multifactorial changes again most prominent at L3-4 and L4-5 with lateral recess stenosis and central canal stenosis moreso at the former level; redemonstration of severe neural foraminal stenosis on the right at L3-4 and left at L4-5. Clinical note dated 04/08/14 reported that the injured worker continued to complain of severe low back pain with severe neuropathic pain radiating down the right leg. Physical examination noted tenderness to palpation and spasm of the low back; limited range of motion in all planes; instability, decreased strength and sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection (ESI) of L 3/4 and bilateral L4 and L5: 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 injections Page(s): 46.

Decision rationale: There was no explicit documentation of positive straight leg raise or dermatomal sensation loss. The California Medical Treatment Utilization Schedule (CAMTUS) states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The CAMTUS also states that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs, muscle relaxants). There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker has completed to date or the injured worker's response to any previous conservative treatment. There is no indication the injured worker is actively participating in a home exercise program. Given this, the request for epidural steroid injection of L3-4 and bilateral L4-5 is not indicated as medically necessary.