

Case Number:	CM14-0062490		
Date Assigned:	07/11/2014	Date of Injury:	05/20/2013
Decision Date:	09/08/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/05/2014

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 Occupational Medicine 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:

According to the submitted documents, this is a 34-year-old male injured on 5/20/13 when he injured the low back lifting a waste container. There has been treatment with physical therapy, chiropractic treatment, brace, TENS, acupuncture, medications, and various diagnostic testing. A 6/18/14 pain evaluation report indicates this complaint of pain in lower back, pain scale 8. The report notes that the epidural injection was denied. The MRI of 7/1/13 is cited as showing an L5-S1 disc protrusion affecting the thecal sac and not having a mass effect. There was moderate facet hypertrophy. An EMG (electromyography) and nerve conduction study reportedly showed mild lumbar radiculopathy affecting both S-1 nerve roots. Neurologic examination stated that there was radicular pain. There is no mention of any focal neurologic deficits in the lower extremities and no mention of any dermatomal distribution of the radicular pain. A 3/21/14 PTP report indicated the patient was complaining of pain in the lower back radiating to lower extremity. The only findings in the neurologic examination were the statement that there was radicular pain in the L4-5 and L5-S1 distribution which is subjective and not objective. That report requested lumbar epidural injection at L4-5 and L5-S1. There was a 4/18/14 supplemental appeal of a non-certification for epidural steroid injections, which mentioned "concordant physical examination findings" but there is no documentation of objective focal neurologic deficits at those levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (ESI) at the bilateral L4-L5 and L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 46.

Decision rationale: MTUS guidelines support lumbar epidural steroid injections when there has been a failure of conservative treatment and there is a clinically evident radiculopathy on examination. This means that there are no objective findings of specific focal neurologic deficits, sensory, motor and/or reflex corresponding to the level of the requested injections. Therefore, this request is not considered to be medically necessary per the evidence and the guidelines.