

Case Number:	CM14-0064700		
Date Assigned:	07/11/2014	Date of Injury:	10/04/2012
Decision Date:	08/29/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/07/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 44-year-old female who reported an injury on 10/04/2012. The mechanism of injury was not stated. The current diagnosis is lumbar radiculopathy. The injured worker was evaluated on 03/12/2014 with persistent back pain radiating into the left lower extremity. An EMG performed on 03/11/2014 revealed evidence of left L5-S1 radiculopathy. Physical examination revealed limited lumbar range of motion with a depressed left ankle jerk. It is also noted that an undated MRI of the lumbar spine revealed L4-5 disc protrusion with early left foraminal stenosis. Treatment recommendations at that time included a series of 3 lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (ESIs) x3 L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other

rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, there is no evidence of radiculopathy upon physical examination. There is also no mention of an attempt at any conservative treatment prior to the request for an epidural injection. Furthermore, California MTUS Guidelines state current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. No more than 2 epidural steroid injections are recommended. Based on the clinical information received, the request is not medically necessary.

Elastic Lumbar Belt: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Lowe Back Chapter, Lumbar Support.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. There was no documentation of a significant musculoskeletal or neurological deficit upon physical examination. There is also no evidence of spinal instability. The medical necessity for the requested durable medical equipment has not been established. As such, the request is not medically necessary.