

Case Number:	CM14-0066110		
Date Assigned:	07/11/2014	Date of Injury:	03/04/2013
Decision Date:	09/03/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/09/2014

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 is licensed to practice in Pain Medicine. 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 53 year old male who sustained an injury to his low back on 03/04/13 while attempting to push a car on to a trailer. Magnetic resonance image of the lumbar spine dated 09/24/09 revealed multilevel degenerative disc disease; no central canal stenosis; minimal L3-4 and L4-5 neural foraminal narrowing without evidence of nerve root encroachment. CT scan of lumbar spine dated 03/11/13 revealed disc degeneration at L4-5 and L5-S1 with a slight focal disc protrusion at L5-S1. Treatment to date has included spinal cord stimulator, physical therapy, medications, pool therapy and transcutaneous electrical nerve stimulation (TENS) unit. The injured worker underwent L4-5 interlaminar epidural steroid injection on 02/01/10 followed by medial branch blocks at L2-3 and L3-4 in 03/12. Medications included baby aspirin. Physical examination noted 5/5 strength in bilateral lower extremities; sensation intact; symmetrical reflexes; negative straight leg raise; negative femoral stretch test; normal gait; able to heel toe walk; no pain with range of motion of bilateral hips or knees; symmetrical reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management for ESI (epidural steroid injection) at L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: Within the medical records provided for review, there was no clinical documentation of clinical record of motor, sensory, or reflex changes. There was no corroboration on imaging studies or electrodiagnostic studies of an active radiculopathy at L3-4 or L4-5. The MTUS Chronic Pain Guidelines states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no indication that the injured worker was actively participating in a home exercise program. As such, the request is not medically necessary and appropriate.