

Case Number:	CM14-0075191		
Date Assigned:	07/16/2014	Date of Injury:	10/14/2012
Decision Date:	09/18/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/22/2014

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 and 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:

The injured worker is a 39-year-old male who was reportedly injured on 01/14/2012. The mechanism of injury was not documented in the records available for review. A magnetic resonance imaging study of the lumbar spine on 10/17/2013 indicated resorption of the previously seen left paracentral disc herniation. There was a 3 millimeter to 4 millimeter posterior disc osteophyte complex more prominent in the bilateral lateral recesses and neural foramina. There was moderate bilateral recess narrowing and moderate bilateral foraminal narrowing. Other therapies included a home exercise program, unspecified non-steroidal anti-inflammatory medications and Prilosec. The injured worker was diagnosed with degenerative disease of the lumbar spine. A spinal surgery evaluation dated 11/19/2013 indicated the patient had continued complaints of burning and pain in the lower back. The injured worker has an antalgic gait favoring the left lower extremity. The injured worker had 60% of range of motion in the lumbar spine. Orthopedic evaluation noted tenderness at the lumbosacral junction and bilateral flank regions. There were paravertebral muscle spasms with restricted range of motion. There was tenderness in the direction of the left sciatic nerve down the calf. A request was made for a spine epidural steroid injection at L5-S1 that was not certified on 04/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection for L5-S1 Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 (357).

Decision rationale: The MRI cited does not show a herniated disk, nor does the physical examination demonstrate objective signs of nerve root impingement. Radiating tenderness is not a positive neurological sign. Per the ACOEM Guidelines, invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. The MTUS notes: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Therefore, Lumbar Epidural Steroid Injection for L5-S1 Spine is not medically necessary and appropriate.