

Case Number:	CM14-0076966		
Date Assigned:	07/18/2014	Date of Injury:	04/19/2010
Decision Date:	09/19/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/27/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 43-year-old female who reported an injury on 04/19/2010. The mechanism of injury was due to a motor vehicle accident. On 04/08/2014, the injured worker presented with low back pain. Upon examination, there was paralumbar spasm and 2+ tenderness to palpation bilaterally. There was decreased range of motion and a positive straight leg raise on the left. There was absent deep tendon reflexes to the bilateral lower extremities on the knees and ankles, and decreased sensation to light touch on the left, and the lateral thigh, lateral calf, and dorsal foot. There was 5/5 motor strength and there was no specific tenderness to palpation. The diagnosis was post laminectomy syndrome of the lumbar region. Prior therapies include medication, ice, and heat applications. The provider recommended a lumbar epidural steroid injection for L4-5. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Lumbar Steroid Injection (Caudal Approach) inclusive of Monitored Anesthesia Care and Epidurography: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's.

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

Decision rationale: The request for an L4-5 lumbar steroid injection, caudal approach, inclusive of monitored anesthesia care and epidurography is not medically necessary. According to the California MTUS Guidelines an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging and/or electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance and no more than 2 levels should be injected using transforaminal blocks. The documentation submitted for review stated the injured worker had paralumbar tenderness to palpation bilaterally and a left-sided positive straight leg raise. There was decreased sensation to light touch to the left side, and the lateral thigh, lateral calf, and dorsal foot. There was 5/5 motor strength in the bilateral lower extremities and intact sensation throughout all dermatomes. There is a lack of evidence radiculopathy corroborated with imaging studies and physical examination findings. In addition, documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. There was a lack of documentation that the injured worker failed to respond to conservative treatment to include medication and physical therapy. Moreover, the request failed to specify the use of fluoroscopy for guidance in the request as submitted. Based on the above, L4-5 Lumbar Steroid Injection (Caudal Approach) inclusive of Monitored Anesthesia Care and Epidurography is not medically necessary.