

Case Number:	CM14-0077010		
Date Assigned:	07/18/2014	Date of Injury:	10/27/2013
Decision Date:	09/23/2014	UR Denial Date:	05/16/2014
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 Anesthesiology, has a subspecialty in Pain 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 36 year old female whose date of injury is 10/27/13. The mechanism of injury is described as a slip and fall. Progress note dated 01/07/14 indicates that the injured worker complains of left shoulder, back and left hip pain. She finished her second prescription of physical therapy. Orthopedic evaluation dated 02/12/14 indicates that diagnoses are rule out left wrist internal derangement/TFCC tear, and rule out lumbar disc herniation with left lumbar radiculopathy. Lumbar MRI dated 04/06/14 revealed no posterior disc bulge or protrusion, no encroachment on the nerve roots or the neural foramina and unremarkable facet joints at L1-2, L2-3, and L3-4. At L4-5 there is a 2-3 mm left paracentral posterior disc protrusion effaces the ventral surface of the thecal sac resulting in moderate to severe left neural foraminal narrowing. The right neural foramen is adequately patent. At L5-S1 there is a 1-2 mm posterior disc bulge effacing the ventral surface of the thecal sac without evidence of canal stenosis or neural foraminal narrowing. Follow up note dated 06/09/14 indicates that straight leg raise is positive for pain to the foot at 35 degrees on the right and 45 degrees on the left with pain to the distal calf.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Lumbar Epidural Injections: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for 1 trial of lumbar epidural injections is not medically necessary. The request is nonspecific and does not indicate the level, laterality or approach to be performed. There is no documentation of a sensory or motor abnormality in the lower extremities in a dermatomal or myotomal distribution. Therefore, medical necessity of the requested lumbar epidural injections is not established in accordance with CA MTUS guidelines. The request for a Trial of Lumbar Epidural Injections is not medically necessary.