

Case Number:	CM14-0084376		
Date Assigned:	07/21/2014	Date of Injury:	09/08/2012
Decision Date:	09/18/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 37 year-old female who reported an injury on 09/08/2012. The mechanism of injury involved repetitive activity. The current diagnoses include sprain/strain of the hip/thigh, unspecified thoracic/lumbosacral neuritis/radiculitis, and displaced lumbar intervertebral disc. The injured worker was evaluated on 02/12/2014 with complaints of persistent lower back pain with radiation into the lower extremities. It is noted that previous conservative treatment includes activity modification, heat therapy, massage therapy, TENS therapy, physical therapy, acupuncture, and medication management. The current medication regimen includes Norco, Soma, and Zanaflex. Physical examination revealed moderately decreased lordosis, tenderness to palpation, moderate spasm in the paravertebral musculature, bilateral sciatic notch tenderness, and limited range of motion with a normal gait. Treatment recommendations at that time included a lumbar epidural steroid injection at L4-5 and continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Epidural Steroid Injection at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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 for treatment of radiculopathy, with use in conjunction with active rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the documentation submitted, the injured worker has exhausted conservative treatment. However, there was no objective evidence of radiculopathy upon physical examination. There were also no imaging studies or electrodiagnostic reports submitted for this review. Based on the clinical information received, the request is not medically necessary.