

Case Number:	CM14-0090339		
Date Assigned:	07/23/2014	Date of Injury:	04/16/2012
Decision Date:	08/28/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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:

Injured worker is a male with date of injury 4/16/2012. Per primary treating physician's permanent and stationary report dated 10/2/2013, the injured worker complains of low back pain rated at 6/10. On examination he has normal gaits and transitions. He has severely restricted back motion. Diagnosis is lumbar spine disc degeneration with bulging at L3 to S1 per MRI of July 18, 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5: 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 Chronic Pain Treatment Guidelines Epidural Steroid Injection section, Page(s): 46.

Decision rationale: Per permanent and stationary report the injured worker should have access to occasional doctor visits, prescription medications and physical therapy for exacerbations. The requesting physician's clinical notes were not provided for review. The review summary from the claims administrator reports that the injured worker had presented with increased pain. He reported moderate dull achy pain at the L4-S1 midline, radiating down the right leg laterally to

the ankle. On lumbar spine examination, he exhibited tenderness and pain. The injured worker exhibited normal range of motion, normal sensation and normal reflexes. There was no weakness and normal stance. There was no sensory deficit. Muscle tone was normal. Straight leg raise, Romberg and tandem gait tests were normal. The reason given for requesting the lumbar epidural steroid injection at L5 was that the injured worker had not shown much improvement in regard to the radicular lumbar pain. In spite of the conservative treatment, the injured worker had continued to experience pain in radicular low back. He had radicular symptoms in the lower extremity which was consistent with pinched nerve. The claims administrator notes that this request does not include laterality in the request (right, left or bilateral). There was also an epidural steroid injection at an unknown location or subsequent benefit reported. Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria, including radiculopathy being documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. The injured worker does meet these conditions, however, this is a repeat injection without report on the efficacy of the initial injection. Medical necessity is not established without this information. The request for Lumbar Epidural Steroid Injection L5 is not medically necessary.