

Case Number:	CM13-0037239		
Date Assigned:	06/06/2014	Date of Injury:	04/12/2012
Decision Date:	03/27/2015	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/27/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 41 year old male with an industrial injury dated 04/12/2012 when the bus he was driving was struck by another driver. His diagnoses include lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. Recent diagnostic testing has included x-rays of the lumbar spine (date unknown) showing degenerative disc disease at L5-S1, and a MRI of the lumbar spine (04/24/2012) showing multilevel disc bulging with foraminal narrowing and hypertrophy. He has been treated with physical therapy., electrical stimulation, medications, conservative care, aquatic therapy, traction, and chiropractic therapy. In a progress note dated 08/16/2013, the treating physician reports low back pain with a severity rating of 2-6/10 which is noted to be decreased from previous visits. The objective examination revealed a wide based gait, difficulty walking due to pain, diffuse tenderness over the paraspinal musculature, moderate facet tenderness, positive testing of the lower extremities, decreased/restricted range of motion in the lumbar spine, and decreased sensation along the L5 dermatomes bilaterally. The treating physician is requesting a lumbar epidural steroid injection and lumbar traction unit which were denied by the utilization review. On 09/10/2013, Utilization Review non-certified a request for 1 bilateral L5-S1 transforaminal epidural steroid injection, noting the absence of radicular pain, or that the lower extremity symptoms can be construed as being in anL5/S1 and/or S1 distribution or any other dermatomal distribution. No guidelines were cited. On 09/20/2013, Utilization Review non-certified a request for 1 pneumatic lumbar traction unit, noting the absence of recommendation for the use of pneumatic or powered traction units. The ODG Guidelines were

cited. On 09/26/2013, the injured worker submitted an application for IMR for review of 1 lumbar traction unit and 1 bilateral L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE BILATERAL L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION:

Upheld

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

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

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain, but only after conservative treatment has failed. The radiculopathy must be documented by physical examination and corroborated by imaging and/or electrodiagnostic testing. In this case, the clinical information provided does not indicate any symptoms consistent with an L5 or S1 radiculopathy. Without radicular pain, there is no need for an epidural steroids. Furthermore, there is no documentation of electrophysiology documented of radiculopathy.