

Case Number:	CM14-0179754		
Date Assigned:	11/04/2014	Date of Injury:	12/20/2003
Decision Date:	03/24/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/29/2014

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. 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59-year-old female who reported an injury on 12/20/2003. The injured worker reportedly sustained a low back strain while pushing a heavy oak crib through a fire door. The current diagnoses include degenerative disc disease of the lumbar spine, foraminal stenosis, radiculopathy and mild structural scoliosis of the lumbar spine. Previous conservative treatment includes lumbar epidural steroid injection and medication management. The current medication regimen includes Voltaren, Soma, aspirin and amitriptyline. The injured worker presented on 07/28/2014 with complaints of low back pain. The injured worker also reported radiating symptoms into the bilateral lower extremities, left greater than right. Upon examination, there was tenderness and slight spasm on the right side, 80 degree flexion, 30 degree extension, 30 degree right and left bending, 5/5 motor strength in the bilateral lower extremities, 2+ deep tendon reflexes, negative straight leg raise and intact sensation. X-rays obtained in the office revealed severe narrowing of the L5-S1 disc space. Recommendations at that time included a selective nerve root block. The injured worker was also instructed to continue with her home exercise regimen. A Request for Authorization form was then submitted on 07/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the documentation provided, the injured worker has been previous treated with lumbar epidural steroid injections. There is no documentation of a recent attempt of any conservative treatment in the form of exercise/physical therapy. Additionally, there was no documentation of at least 50% pain relief with an associated reduction of medication use following the initial procedure. There was also no objective evidence of radiculopathy upon examination. Given the above, the request is not medically appropriate.