

Case Number:	CM14-0181482		
Date Assigned:	11/06/2014	Date of Injury:	06/13/2013
Decision Date:	01/02/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/31/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 46 year old female who has a date of work injury 6/13/13. The injury occurred when she was struck by a box on the top and possibly back of her head. The diagnoses include post traumatic headaches, lumbar degenerative disc disease L4/L5 and L5/S1 with possible lumbosacral radiculopathy of the leg. Under consideration is a request for an L5/S1 Interlaminar ESI. There is a 9/22/14 document that states that the patient complains of daily head pain. With movement of the neck she gets pulling of the muscles at the base of the neck. She has low back pain with pain radiating down the left leg. She has had about 18 sessions of PT for these complaints without improvement. Imaging of the Lumbar spine based on an x-ray was notable for disc disease at L4/5 and L5/S1. On exam the gait is non-antalgic without an assistive device. There is no difficulty getting up from a seated position. There is midline pain to palpation at L5/S1 and L4/L5 worse with flexion beyond 35-45 degrees. There is 4+/5 strength in the left dorsi/plantar flexion of the ankle. There is a positive left straight leg raise. There is a 5/17/14 document that states that there is no correlation could be made to the patient's lumbar spine pain which she is complaining about and numbness and tingling. The MRI had been negative and there is no explanation for the head and back pain and anterior thigh pain because there was no positive diagnostic findings. Her EMG is normal. Per documentation the MRI of the lumbar spine performed on June 13, 2013, showed a broad-based disc bulge of 2.2 mm at L5-S I with no significant spinal canal compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5/S1 Interlaminar ESI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation ODG for Low Back regarding Epidural Steroid Injections (ESIs), therapeutic

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

Decision rationale: The L5/S1 Interlaminar ESI is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not reveal objective imaging or electrodiagnostic testing that corroborates with patient's examination. The request for L5/S1 Interlaminar ESI is not medically necessary.