

Case Number:	CM14-0183689		
Date Assigned:	12/12/2014	Date of Injury:	04/29/2014
Decision Date:	01/30/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/04/2014

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 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:

The injured worker's original date of injury was April 29, 2014. The patient is a 62-year-old female who had a slip and fall on a wet floor near a pool. She sustained injuries to the low back and bilateral knees. She has had management with activity restriction and pain medications. According to a progress note on May 23, 2014, she has not been able to work secondary to her pain. The diagnostic workup has included an MRI of the lumbar spine performed on 5/29/14 documents diffuse disc bulges at L2-L3, L3-L4, L4-5, and L5-S1. The disc bulges are noted to compresses the theca sac at each of these levels. The disputed issues a request for lumbar epidural steroid injection. Because only selective pages of the utilization review were provided, the rationale for the denial is not available in the submitted records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: The diagnostic workup has included an MRI of the lumbar spine performed on 5/29/14 documents diffuse disc bulges at L2-L3, L3-L4, L4-5, and L5-S1. The disc bulges are noted to compresses the thecal sac at each of these levels. However, there is not sufficient documentation of objective findings of lumbar radiculopathy. In a progress note on date of service June 27, 2014, the physical examination of the lumbar spine documents were lumbar muscular spasms, but no neural tension signs are noted. A complete neurologic examination is lacking. The treatment plan states that either lumbar epidural injection or facet injections are planned. Another note from 8/15/14 documents SI joint pain, with no radiation of pain down the legs or numbness/tingling. Given this clinical picture, the epidural injection is not medically necessary.