

Case Number:	CM14-0186172		
Date Assigned:	11/14/2014	Date of Injury:	06/08/2005
Decision Date:	01/07/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/07/2014

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 Internal 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 employee was a 68 year old female who sustained a work place injury on 06/08/2005. The progress note from 09/26/14 was reviewed. She had low back pain with radiation to right lower extremity. Her pain level was 8/10. She continued to use Norco PRN only. She stated 30% decrease in pain with use of her pain medications. Medications included Omeprazole, Prozac, Nabumetone and Norco. Pertinent examination findings included slow gait, lumbar facet loading on right side, tenderness at L-S area with good ROM, positive right sided straight leg raising test, tenderness at right SI joint with radiation into the right lateral hip and leg, positive sensory deficits in L4-5 dermatomes of right lower extremity. Diagnoses included lumbago, lumbar DDD, bulging lumbar disc, lumbar facet arthropathy and lumbar radiculitis. The request was for L4-5 lumbar epidural steroid injection. The orthopedic report from 08/25/14 was also reviewed. Diagnoses included lumbosacral sprain/strain with no evidence of radiculopathy. It was noted that she had some minor disc bulges at the L4-5 and L5-S1 levels without neural encroachment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right LESI at L4-5 levels: 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 Epidural Steroid Injection Page(s): 46.

Decision rationale: According to MTUS, Chronic Pain Medical Treatment guidelines, epidural steroid injections are recommended as an option for radicular pain in the setting of radiculopathy documented by physical examination and corroborated by imaging and/or EDS, unresponsive to conservative treatment and no more than two nerve root levels to be injected using transforaminal blocks and no more than one interlaminar level at one session. The employee had low back pain radiating down to lower extremity. She had sensory deficit in L4-L5 dermatome and positive straight leg raising test. There were no electrodiagnostic studies or imaging reports available with the medical records. The Orthopedic report from 08/25/14 reports no evidence of radiculopathy. Due to the lack of imaging or EDS corroboration, the request for Epidural Steroid Injection at L4-5 is not medically necessary and appropriate.