MAXIMUS Federal Services

Case Number:	CM14-0193321		
Date Assigned:	12/01/2014	Date of Injury:	07/19/2011
Decision Date:	01/13/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/18/2014

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 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:

Pursuant to the Orthopedic Follow-Up Note dated October 6, 2014, the IW presents for follow-up for lumbar spine pain. The IW reports that the pain remained the same. On physical examination, there was no significant scoliosis, hyperlordosis, or kyphosis. The IW has normal posture and normal gait. The IW could walk on heels and toes normally. There was tenderness to palpation of the paraspinal musculature, sciatic notch, or spinous process. Pain was noted with range of motion of the lumbar spine in lateral flexion at 45 degrees and lateral rotation at 30 degrees bilaterally. Electrodiagnostic studies performed July 31, 2014 revealed spasms. There was no radiculopathy identified. The IW was diagnosed with lumbar strain, and sciatica. Current medications include Norco, Gabapentin, Norflex, and Naproxen. The treatment plan recommendations included refills of medications, and a bilateral epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection Bilateral L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low back Section, Epidural Steroid Injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection bilateral L5 - S1 is not medically necessary. The guidelines enumerate the criteria for the use of epidural steroid injections. They include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment. See guidelines for additional details. In this case, the injured workers working diagnoses were lumbar sprain and strain and sciatica. On physical examination there is tenderness over the paraspinal muscle groups. Electrodiagnostic testing did not show evidence of radiculopathy. The guidelines state radiculopathy must be documented by physical examination and corroborated by electrodiagnostic testing. Neither were present in the documentation. Consequently, absent the appropriate criteria for epidural steroid injections, lumbar, the lumbar epidural steroid injections and bilateral L5 - S1 is not medically necessary.