

Case Number:	CM14-0029645		
Date Assigned:	06/20/2014	Date of Injury:	05/22/2013
Decision Date:	01/15/2015	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/09/2014

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 Emergency 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 is a 27 year-old male, who sustained an injury on May 22, 2013. The mechanism of injury occurred when he strained his lower back. Diagnostics have included: 9/19/13 lumbar MRI that shows L3-4 small disc protrusion, mild impingement of thecal sac at origin of left L4 nerve root and L4-5 minimal disc protrusion without neural compression; x-rays. Treatments have included: Physical therapy x 3; medications. The current diagnosis is: Lumbago. The stated purpose of the request for left L3-4 transforaminal lumbar epidural steroid injection was to provide pain relief. The request for left L3-4 transforaminal lumbar epidural steroid injection was denied on February 26, 2014, citing the rationale that there is no mention of neurologic symptoms in the lower extremities, no focal neurologic findings, no mention of EMG findings, no surgical plan, no home exercise program, and no neurologic diagnosis regarding the low back. Per the report dated June 5, 2014, the treating physician noted that the injured worker had left upper buttock pain with no further radicular symptoms. Objective findings included 5/5 strength throughout the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-L4 Transforaminal Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 45.

Decision rationale: The requested left L3-4 transforaminal lumbar epidural steroid injection is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, epidural steroid injections, page 45 note that these injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The injured worker has left upper buttock pain and a current diagnosis of lumbago. The treating physician has documented full strength throughout the lower extremities. The treating physician has not documented dermatomal sensation loss or myotomal deficits in a L3-4 distribution. The criteria noted above not having been met, left L3-4 transforaminal lumbar epidural steroid injection is not medically necessary.