MAXIMUS Federal Services

Case Number:	CM14-0215688		
Date Assigned:	01/05/2015	Date of Injury:	07/09/2014
Decision Date:	03/16/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old female who reported an injury on 07/7/2014. The mechanism of injury was cumulative trauma. The documentation of 11/07/2014 revealed the injured worker underwent therapy focused on her spine and her legs. The injured worker indicated that therapy consisting of electrical stimulation, stretching, and strengthening exercises aggravated her pain. The injured worker underwent x-rays of the neck, mid and low back and an MRI of the lumbar spine. The MRI findings were not submitted. The physical examination of the lumbar spine revealed the injured worker had tenderness at L5-S1 and L4-5. There was paraspinal tenderness at L1-S1. There was tenderness upon the superior iliac crest bilaterally. The injured worker had decreased range of motion and a wide based gait. The injured worker's strength was 5/5. The deep tendon reflexes in both quadriceps and Achilles were 0. The sensory examination was within normal limits. The straight leg raise was at 80 degrees. The injured worker had an abnormal Romberg and tandem sign. X-rays of the lumbar spine revealed facet arthrosis at L3-S1 with mild irregularity of the sacroiliac joint bilaterally. The diagnosis included lumbosacral sprain and strain with spondylosis at L4-S1. Additional diagnosis included spinal stenosis L4-5, and to a less extent, L3-4 and L5-S1. The treatment plan included aquatic therapy for spinal deconditioning, Naproxen, cyclobenzaprine, omeprazole, tramadol, and Ambien. Additionally, the request was made for a lumbar epidural steroid injection. There was a Request for Authorization form submitted for review dated 11/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-5: 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 Official Disability Guidelines (ODG), Low Back, ESIs

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there is documentation of objective findings upon examination of radiculopathy that are corroborated by electrodiagnostic studies or imaging. There should be documentation of a failure of conservative care including physical therapy, exercise, NSAIDs, and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had 0 reflex bilaterally in the patella and ankle. However, there was a lack of documentation of specific myotomal or dermatomal findings to support radiculopathy. There was a lack of documentation indicating the injured worker?s MRI or electrodiagnostics supported radiculopathy. There was a lack of documentation indicating the injured worker had a failure of conservative care including physical therapy, exercise, NSAIDs, and muscle relaxants. Given the above and the lack of documentation, the request for lumbar epidural steroid injection at L4-5 is not medically necessary.