

Case Number:	CM14-0038081		
Date Assigned:	06/25/2014	Date of Injury:	10/26/2011
Decision Date:	01/07/2015	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/01/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56 year-old male who reported an injury on 10/26/2011. The mechanism of injury involved heavy lifting. Current diagnoses include herniated lumbar disc, left shoulder status post arthroscopic surgery, right shoulder status post arthroscopic surgery, status post right inguinal hernia repair, coronary artery disease, status post cardiac catheterization, and vascular insufficiency in the bilateral lower extremities. The injured worker was evaluated on 01/16/2014. It is noted that the injured worker has been previously treated with physical therapy and anti-inflammatory medication. The injured worker presented with complaints of occasional pain in the lower back and numbness and tingling in the lower extremities. Physical examination of the lumbar spine revealed limited range of motion, positive straight leg raising, 1+ knee reflexes, absent Achilles reflexes, tightness and spasm, hypoesthesia in the L4 through S1 dermatomes bilaterally, facet joint tenderness, weakness and sacroiliac joint tenderness. Treatment recommendations at that time included authorization for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L4-5, L5-S1: Upheld

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

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

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with active rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should also prove initially unresponsive to conservative treatment. As per the documentation submitted, there is objective evidence of lumbar radiculopathy upon physical examination. The injured worker has been previously treated with physical therapy and NSAIDs. However, there were no imaging studies or electrodiagnostic reports submitted for this review to corroborate a diagnosis of radiculopathy. Therefore, the injured worker does not meet criteria as outlined in the California MTUS Guidelines. As such, the request for lumbar epidural steroid injection L4-5, L5-S1 is not medically necessary.