

Case Number:	CM14-0043405		
Date Assigned:	07/09/2014	Date of Injury:	06/20/2012
Decision Date:	01/05/2015	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/10/2014

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 Occupational 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:

Injured worker (IW) is a 33 year old female who sustained an industrial low back injury when she slipped and fell on 06/20/12. Lower extremity electrodiagnostic study report documented complaints of back pain with numbness and tingling of the right leg. Decreased sensation was noted in an unspecified distribution in the right foot, but EMG and NCV studies were interpreted as negative for evidence of radiculopathy or mononeuropathy. 10/05/12 lumbar MRI found no evidence for lumbar spine disease. Per 10/16/13 AME report, examiner noted non-dermatomal sensory loss on examination of the right lower extremity, and opined that epidural steroid injections (ESIs) were unnecessary due to lack of evidence for radiculopathy. Documented treatment to date has included cold pack, home exercises, medications, chiropractic treatments, trigger point injections (TPIs), acupuncture, physical therapy. The most recent available office notes document complaints of back pain radiating to the right leg. On exam, positive right straight leg raising test and decreased sensation to the right foot are documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Right L4, L5, S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

Decision rationale: MTUS criteria for epidural steroid injections state: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." A dermatomal pattern of sensory loss is not documented, and no objective evidence of radiculopathy has been identified per imaging or electrodiagnostic studies. Due to lack of sufficient objective evidence for radiculopathy, MTUS criteria for ESIs are not met. Medical necessity is not established for the requested ESIS. Therefore the request is not medically necessary.