

Case Number:	CM14-0043878		
Date Assigned:	06/30/2014	Date of Injury:	01/08/2013
Decision Date:	04/22/2015	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	04/09/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 with an industrial injury dated 01/08/2013. The mechanism of injury or initial complaints is not documented. She presents on 11/13/2013 for follow up of low back pain, right leg radiculopathy and recurrent symptoms. Physical exam revealed tenderness to palpation. There were 10 degrees of less flexion and extension and 5 degrees of less lateral rotation and bend. MRI of the spine done on 10/28/2013 is documented as showing 4 mm disc protrusion at lumbar 5-sacral 1 right foraminal stenosis. Diagnosis was lumbar disc disease at lumbar 5-sacral 1. The full MRI report is in the submitted records. Treatments to date include diagnostics and physical therapy. In progress note dated 01/22/2014 the provider notes the injured worker has neurologic changes with weakness in the lumbar 5 and sacral 1 nerve root distribution on the left side. She was working her regular job. The request is for epidural steroid injection to the lumbar spine (lumbar 5-sacral 1)

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection to the lumbar spine (L5-S1): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The 3/08/14 Utilization Review letter states the Epidural steroid injection to the lumbar spine (L5-S1) requested on the 1/22/14 medical report was denied because the lumbar MRI did not corroborate with the clinical exam findings in the L5-S1 distribution. According to the 1/22/14 report, the patient presents with worsening low back pain and left leg radiculopathy. Exam shows positive SLR on the left and "4/5 strength in the L5 and S1 nerve root distribution on the left side." The physician did not specifically state which muscle groups were tested. The diagnosis is lumbar disc disease. The patient is working her regular job. The 2/19/14 report states the patient has low back pain and bilateral radiculopathy, but the only provided exam finding was palpatory tenderness in the paralumbar region and decreased ROM. The 10/28/13 lumbar MRI shows "right subarticular/foraminal disc protrusion at L5-S1 causing mild right neural foraminal stenosis and incidental uterine fibroid." MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The patient apparently has left-sided radicular findings on physical examination. The MRI shows foraminal narrowing on the right side and does not corroborate the clinical exam findings. The subsequent report from 2/19/14 mentions bilateral radiculopathy, but there were no physical exam findings consistent with bilateral radiculopathy, and the MRI only showed left-sided findings. MTUS criteria for epidural steroid injection states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The MTUS criteria for epidural steroid injections have not been met in this case. The request for Epidural steroid injection to the lumbar spine (L5-S1) IS NOT medically necessary.