MAXIMUS Federal Services

Case Number:	CM15-0002288		
Date Assigned:	01/13/2015	Date of Injury:	05/04/2012
Decision Date:	03/16/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/05/2015

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 29-year-old male who reported an injury on 05/04/2012. The mechanism of injury was a fall. He was diagnosed with degeneration of lumbar lumbosacral intervertebral disc. Other therapies were noted to include home exercise program, physical therapy, acupuncture treatment, and medications. His diagnostic studies included an official MRI of the lumbar spine performed on 11/17/2014, which was noted to reveal at L4-5, a focal central disc protrusion with annular tear effacing the thecal sac. Hypertrophy of facet joints and ligamenta flava noted. There is no significant spinal canal, lateral recess, or neural foraminal narrowing. Transiting and exiting nerve roots are unremarkable. Disc measurements neutral 3.8 mm; flexion 3.5 mm; extension 3.5 mm. On 10/31/2014, the injured worker presented for a followup visit. He reported headaches and complains of burning, radicular neck pain. He rated his pain as 6/10. The injured worker also reported sharp, radicular low back pain and muscle spasms rated 7/10 to 8/10. The injured worker reported it was associated with severe radiating pain, numbness, and tingling of the bilateral lower extremities. Upon physical examination of the lumbar spine, he was noted to have bilateral lumbar paraspinal muscle guarding. Range of motion was noted to be 35 degrees of flexion, 15 degrees of extension, left and right lateral flexion. Additionally, he was noted to have a positive straight leg raise test bilaterally. It was noted at 25 degrees for the right and at 35 degrees for the left. It was also noted the patient had diminished sensation to pinprick and light touch at L4, L5, and S1 dermatomes bilaterally. Deep tendon reflexes are 2+ and symmetrical in bilateral lower extremities. The treating physician indicated the injured worker's motor strength was decreased secondary to pain in bilateral lower

extremities. His current medications were noted to include Terocin patches. The treatment plan was noted to include medications, MRI of the lumbar spine, and a Functional Capacity Evaluation. A request was submitted for lumbar epidural steroid injection L4-L5 (unspecified laterality). However, the rationale was not provided. A Request for Authorization was not submitted.

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-L5 (Unspecified Laterality): 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 Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The request for lumbar epidural steroid injection L4-L5 (unspecified laterality) is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as a possible option for short term for radicular pain to facilitate therapeutic activities when radiculopathy is documented on physical examination and corroborated by imaging and/or electrodiagnostic studies after the failure of conservative care. The clinical documentation submitted for review does provide evidence of radiculopathy on physical examination and the official MRI to corroborate with radicular findings. However, the request as submitted does not specify if the injection is for the right, left or bilateral side of the L4-L5. Additionally, there was no evidence of a recent attempt in physical therapy. Given the above information, the request is not supported by the guidelines. As such, the request for lumbar epidural steroid injection L4-L5 (unspecified laterality) is not medically necessary.