

Case Number:	CM15-0034823		
Date Assigned:	03/03/2015	Date of Injury:	11/03/2014
Decision Date:	04/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/24/2015

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, 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 38-year-old female who reported an injury on 11/03/2014. The mechanism of injury involved a fall. The current diagnoses include L5-S1 annular disc injury with left buttock pain, radiating leg pain, left wrist sprain/strain, and status post work related injury. The injured worker presented on 01/15/2015 with complaints of low back and left sided buttock pain as well as left leg weakness. The current medication regimen includes tramadol 50 mg, Relafen 750 mg, Flexeril 10 mg and acetaminophen 500 mg. Upon examination, there was an antalgic, left sided gait. There was diminished sensation in the medial aspect of the left foot in the L5 distribution, 2+ deep tendon reflexes, and negative straight leg raise. There was diminished 4/5 motor strength in the L4-5 distribution of the left lower extremity. The provider indicated that the injured worker underwent an MRI scan (date unknown) which revealed an L5-S1 central annular tear and high intensity zone. There were no significant central spinal canal or exiting nerve stenosis. Recommendations at that time included a lumbar epidural steroid injection at L5-S1. Additional physical therapy was also recommended at that time. A request for authorization form was then submitted on 01/201/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection at left L5-S1 level under fluoroscopy:
Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, it was noted that the injured worker had evidence of 4/5 motor weakness and diminished sensation in the left lower extremity. However, there was no documentation of an exhaustion of conservative management. There were also no imaging studies or electrodiagnostic reports submitted for review. According to the physician progress note, the injured worker's unofficial MRI failed to indicate evidence of nerve root compromise. Given the above, the request is not medically appropriate in this case.