MAXIMUS Federal Services

Case Number:	CM15-0089992		
Date Assigned:	05/14/2015	Date of Injury:	06/26/2013
Decision Date:	06/16/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/11/2015

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: Massachusetts
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 21 year old female who sustained an industrial injury on 06/26/2013. Mechanism of injury occurred while working as an aide was assisting heavy patients in repositioning and felt a pain in her back which went down her left leg. Diagnoses include left L5 radiculopathy, and lumbar disc protrusion L4-5. Treatment to date has included diagnostic studies, medications, 8 physical therapy treatments, and brace. A physician progress note dated 03/20/2015 documents the injured worker complains of persistent low back pain; severe, radiating to the left lower extremity. She has tenderness in the lumbar paravertebral muscles. There is spasm of the lumbar paravertebral muscles. Lumbar range of motion is flexion to 45 degrees with increase low back pain and extension is 0 degrees with increased low back pain. Right and left lateral bending is to 10 degrees with increased low back pain. Straight leg raising on the left is to 35 degrees with moderate pain in the lower back region. Hip range of motion is normal. There is decreased sensation in L5. It is documented a Magnetic Resonance Imaging of the lumbar spine was done and interrupted as negative. An Electromyography of the lower extremities done on 03/14/2015 revealed an acute L5 radiculopathy on the left. If concerned for generalized peripheral neuropathy or focal nerve entrapment syndrome, recommend performing a nerve conduction study to complete electrodiagnostic study. The treatment plan included a series of 2 lumbar epidural injections on the left at L5, and physical therapy. Treatment requested is for Series of 2 Lumbar Epidural Injection on the Left at L5, quantity 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 2 Lumbar Epidural Injection on the Left at L5, quantity 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

Decision rationale: The claimant sustained a work injury in June 2013 and continues to be treated for low back and radiating left leg pain. She has a diagnosis of a left L5 radiculopathy. Treatments have included medications, physical therapy, and a lumbar brace. When seen, there was decreased left lower extremity sensation. EMG/NCS testing had shown findings of a left L5 radiculopathy. A second MRI of the lumbar spine in October 2014 had shown an L4-5 disc protrusion with mild foraminal narrowing. Authorization for a series of two lumbar epidural steroid injections was requested. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block. In this case, although a lumbar epidural steroid injection is indicated. However, without knowing the response to a first injection, whether a second injection would be needed or appropriate cannot be determined. Therefore, the request is not medically necessary.