

Case Number:	CM14-0117748		
Date Assigned:	09/16/2014	Date of Injury:	08/13/2004
Decision Date:	10/23/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California & Nevada. 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:

The injured worker is a 58 year old female whose date of injury is 08/13/2004. The mechanism of injury is described as a motor vehicle accident. Lumbar MRI dated 12/17/13 revealed at L4-5 there is a moderate diffuse disc herniation which indents the thecal sac. There is associated stenosis of the bilateral lateral recess with disc material contacting the bilateral L5 transiting nerve roots. Disc material and facet hypertrophy cause stenosis of the bilateral neural foramen with intact bilateral L4 exiting nerve roots. At L5-S1 there is a moderate diffuse disc herniation which indents the thecal sac. There is associated stenosis of the bilateral lateral recess with intact bilateral S1 transiting nerve roots. Disc material and facet hypertrophy cause stenosis of the bilateral neural foramen with intact bilateral L5 exiting nerve roots. Progress report dated 07/31/14 indicates that chief complaint is neck pain, right arm numbness and low back pain. Physical examination of the lumbar spine reveals present spasm. Range of motion is painful and limited. Straight leg raising is positive to 60 degrees bilaterally. Motor weakness is noted 4/5 bilaterally. There is decreased sensation on the left L4-S1. Diagnoses are lumbar discogenic disease, bilateral shoulder impingement, and status post cervical fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left side lumbar epidural steroid injection at L4-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Based on the clinical information provided, the request for outpatient left side lumbar epidural steroid injection at L4-S1 is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review to establish that the injured worker has been unresponsive to conservative treatment as required by CA MTUS guidelines prior to the performance of a lumbar epidural steroid injection. Therefore, in accordance with CA MTUS guidelines the request is not medically necessary. .