

Case Number:	CM14-0118727		
Date Assigned:	09/22/2014	Date of Injury:	02/03/2014
Decision Date:	10/23/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/29/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 42-year-old male who reported an injury on 02/03/2014. The mechanism of injury was moving a 75 pound barrel. Diagnoses included low back pain, postural muscle spasm, and lumbar strain. Past treatments included physical therapy and medications. An official MRI dated 03/17/2014, revealed a disc bulge at L5-S1, with no central canal stenosis or neural foraminal narrowing. Surgical history was not provided. The clinical note dated 07/08/2014 indicated the injured worker complained of pain in the low back and left sacroiliac area radiating down the left lower extremity. He denied numbness or weakness in the legs. The physical exam of the lumbar spine revealed decreased range of motion, negative bilateral straight leg raise, and deep tendon reflexes rated 2/4. Current medications included Norco 7.5/325 mg. The treatment plan included lumbar epidural corticosteroid injection at the left L5-S1 level. The rationale for the request was not provided. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Corticosteroid injection at Left L5 - S1,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

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

Decision rationale: The request for lumbar epidural corticosteroid injection at the left L5-S1 level is not medically necessary. The California MTUS Guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The criteria for the use of epidural steroid injections includes documented physical exam findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing, and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injured worker complained of pain in the low back radiating down the left lower extremity, but denied numbness and weakness in the legs. The physical exam revealed negative bilateral straight leg raise, and bilateral lower extremity deep tendon reflexes rated 2/4. The official MRI of the lumbar spine dated 03/17/2014 indicated a disc bulge at L5-S1, but no central canal stenosis or neural foraminal narrowing. There is a lack of evidence of radiculopathy, including documented physical exam findings of decreased sensation, weakness, diminished deep tendon reflexes, or positive straight leg raise. The injured worker complained of radicular left leg pain, but denied symptoms of numbness and weakness. The MRI of the lumbar spine also indicated that there was no neural foraminal narrowing at the L5-S1 level. Because the injured worker's symptoms of left leg radiculopathy are not corroborated by physical exam findings and the official lumbar MRI, the treatment plan is not supported at this time. Therefore, the request for lumbar epidural corticosteroid injection at the left L5-S1 level is not medically necessary.