

Case Number:	CM14-0120835		
Date Assigned:	09/16/2014	Date of Injury:	04/11/2010
Decision Date:	10/16/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/31/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 45-year-old female who reported an injury on 04/11/2010 due to a slip and fall. On 12/18/2013, the injured worker presented with low back pain. Upon examination, there was a positive straight leg raise, an antalgic gait, and the injured worker ambulated with the use of a cane. The diagnoses were lumbar spine radiculopathy and lumbar spine disc displacement. Prior treatment included medications. The provider recommended an epidural steroid injection for the lumbar L5-S1. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION LUMBAR L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

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

Decision rationale: The request for an epidural steroid injection at the lumbar L5-S1 is not medically necessary. According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when

there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. Injections should be performed with the use of fluoroscopy for guidance and no more than 2 levels should be injected using transforaminal blocks. There was a lack of documentation of the injured worker's initial unresponsiveness to conservative treatment. The physical examination revealed a positive straight leg raise and an antalgic. More information is needed to address sensation and motor strength deficits and clarification would be needed as to which side received a positive straight leg raise. There is a lack of documentation on physical examination findings that corroborate with imaging and/or electrodiagnostic testing of radiculopathy. In addition, the documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. Moreover, the provider's request does not indicate the use of fluoroscopy for guidance in the request as submitted. As such, medical necessity has not been established.