MAXIMUS Federal Services

Case Number:	CM14-0129770		
Date Assigned:	08/22/2014	Date of Injury:	03/15/2012
Decision Date:	10/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/14/2014

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, and is licensed to practice in California. 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 48-year-old female who reported a work related injury on 03/15/2012 due to lifting sandbags. The injured worker's diagnosis consists of lumbar disc displacement. Past treatment has included physical therapy, TENS unit, and medication management. The injured worker's diagnostic tests consists of an MRI of the lumbar spine dated 06/02/2014, which revealed a 2 to 3 mm bulge at L5-S1, which was present on a prior study. Upon examination on 07/08/2014 the injured worker described her pain to be constant, exhausting, burning, cramping, and tiring of the lumbar spine. The injured worker rated her pain as 4/10 on the VAS. The injured worker stated she had near constant low back pain with frequent spasms and weakness in the legs, and cramping in the calves, on the right greater than the left. The factors that aggravated the injured worker's pain included cold, activity, sitting, standing, and walking. The alleviating factors consisted of rest, medication, and massage. Upon physical examination of the lumbar/sacral area, it was noted that the injured worker had tenderness to palpation of the paraspinals and L4-5 facets and pain with flexion. It was also noted that there were no paraspinal muscle spasms. The injured worker had negative straight leg raise bilaterally. A reflex exam revealed deep tendon reflexes in the lower extremities were decreased but equal. The injured worker's prescribed medications include omeprazole and nabumetone. The treatment plan consisted of a follow-up in 4 weeks, medications, authorization for physical therapy, and authorization for transforaminal epidural steroid injections at L5-S1. The rationale for the request was to decrease pain, enhance sleep, improve mobility, and improve self-care, increase recreational activities, increase social activities, increase physical activities, and housework/employment. A Request for Authorization was submitted for review on 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine Epidural Steroid Injection (ESI) L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's) Page(s): 46.

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

Decision rationale: The request for Lumbar spine Epidural Steroid Injection (ESI) L5-S1 is not medically necessary. According to the California MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. Furthermore, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Within the documentation provided, upon physical examination it was noted that the injured worker had decreased sensation on the left at L5 and S1 and decreased at the right at L4. It was also noted the injured worker had a negative straight leg raise bilaterally. However, the injured worker's physical exam findings and MRI do not corroborate with radiculopathy. As such, the request for Lumbar spine Epidural Steroid Injection (ESI) L5-S1 is not medically necessary.