

Case Number:	CM14-0132043		
Date Assigned:	08/22/2014	Date of Injury:	05/28/2013
Decision Date:	09/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/18/2014

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 Occupational Medicine 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:

Patient is a 57-year-old male who has submitted a claim for bilateral carpal tunnel syndrome, L4 to L5 grade 1 spondylolisthesis, and lumbar spondylosis associated with an industrial injury date of 5/28/2013. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to the left lower extremity. Physical examination of the lumbar spine showed muscle spasm and tenderness. Reflexes and motor strength were normal. Sensation was diminished at L5 to S1 dermatome, left. Straight leg raise test was negative. There was no MRI or EMG/NCV of lower extremities. Treatment to date has included physical therapy, activity restrictions, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that

has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, patient complained of persistent low back pain radiating to the left lower extremity despite physical therapy, activity restrictions, and medications; hence this request for ESI. However, physical examination findings were not consistent with focal neurologic deficit. Reflexes and motor strength were normal. Sensation was diminished at L5 to S1 dermatome, left. Straight leg raise test was negative. Moreover, there was no MRI or EMG/NCV of lower extremities submitted in the records for review. Guideline criteria were not met. Therefore, the request for lumbar epidural steroid injection at L4 to L5 level is not medically necessary.