

Case Number:	CM14-0140441		
Date Assigned:	09/10/2014	Date of Injury:	11/17/2010
Decision Date:	10/29/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/29/2014

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 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 62-year-old female who reported an injury on 11/17/2010 after a slip and fall. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included multiple medications, physical therapy, and epidural steroid injections. The injured worker underwent an MRI on 07/14/2011 that documented there was multilevel disc bulging and a broad based disc bulge at the L4-5 indenting the thecal sac and causing mild right and moderate left neural foraminal narrowing. The injured worker was most recently evaluated on 04/11/2014. It was documented that the injured worker was participating in a home exercise program. It was noted however, that the patient had low back pain complaints rated at an 8/10. Physical examination findings included decreased range of motion of the lumbar spine with tenderness and spasming of the paravertebral musculature. The injured worker's diagnoses included intractable lumbar pain with radiculopathy. The injured worker's treatment plan included an epidural steroid injection and continued use of medications. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The requested L4-5 lumbar epidural steroid injection is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have clinically evident radiculopathy consistent with pathology identified on electrodiagnostic study or imaging study. The clinical documentation does indicate that the patient underwent an MRI that identified a disc bulge at the L4-5 impinging on the thecal sac and causing mild to moderate foraminal stenosis. However, the injured worker's most recent clinical documentation did not provide any evidence of radiculopathy to support the need for an epidural steroid injection. The clinical documentation failed to identify any type of sensory deficits, motor strength deficits, or weakness in deep tendon reflexes. Therefore, the need for an epidural steroid injection at the L4-5 is not supported in this clinical situation. As such, the requested L4-5 lumbar epidural steroid injection is not medically necessary or appropriate.