

Case Number:	CM14-0149934		
Date Assigned:	09/18/2014	Date of Injury:	03/03/2014
Decision Date:	10/17/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/15/2014

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:

There were 135 pages provided for this review. This was for a lumbar epidural steroid injection at L4. The request for independent medical review was signed on September 11, 2014. Per the records provided, the patient was described as a 26-year-old individual who sustained an injury on March 3, 2014. The patient was pushing a heavy object and started having immediate pain in the right lower leg and in the right buttocks. The patient had been treated with 6 to 7 sessions of physical therapy and some of the exercises were making it worse. An MRI of the lumbar spine dated April 24, 2014 showed L3-L4 central left paracentral protrusion and annular fissure. There was a severe central canal stenosis and mild bilateral foraminal stenosis. At L4-L5 there was a right paracentral protrusion and annular fissure with severe central canal stenosis and narrowing the right lateral recess. The patient has pain in the neck which was rated as three out of 10 as of August 26, 2014. The patient could not sit for long. The patient had difficulty falling asleep and had woken up at night. There was tenderness to palpation of the lumbar spine, but no spasm was noted. He was given work restrictions. Treatment plan included the lumbar epidural steroid injection. The patient had lumbar degenerative disc disease, lumbar radiculopathy and myofascial pain. There was no clear objective evidence of radiculopathy on physical exam and no electromyography (EMG) was submitted. The MRI report did not indicate the presence of nerve root compression at the level to be injected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47 of 127.

Decision rationale: The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. The request is not medically necessary based on the above.