

Case Number:	CM14-0162249		
Date Assigned:	10/07/2014	Date of Injury:	06/25/2013
Decision Date:	10/30/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/02/2014

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 Preventive 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 33 year old male who was helping put tires in a car while at work on 06/25/2013 when he developed pain in his upper and lower back. The pain has persisted. The pain is localized to the upper and low back, and radiates to the lower legs. The examination revealed limited range of motion, and palpable tenderness and spasms of the lumbar spine. The straight leg test was positive in both legs. An Agreed Medical evaluation done on 07/09/2014 revealed negative straight leg raise. The injured worker has been diagnosed of Lumbar disc protrusion with radiculopathy, Per MRI 07/08/2013; Lumbosacral musculoligamentous strain /sprain; Depression, situational; and sleep disturbance secondary to pain. The Lumbar MRI of 07/08/2013 revealed 5 mm Disc Herniation elevating the posterior longitudinal ligament and narrowing both neural foramen, as well as disc desiccation and posterior annular tear, all in L5-S1; 2 mm right paracentral L4-5 protrusion effacing the thecal sac; and no exiting nerve pathology. There was unremarkable Nerve studies (EMG/NCV) of the lumbar region and lower limbs dated 07/23/2013. Treatment has included physical therapy; extracorporeal shockwave treatment; chiropractic care; and Mobic. At dispute is the request for steroid right lumbar transforaminal epidural steroid injection at L4, L5 and S1, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid right lumbar transforaminal epidural steroid injection at L4, L5 and S1, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines < Epidural steroid injections (ESIs) > Page(s): 46.

Decision rationale: The injured worker sustained a work related injury on 06/25/2013. The medical records provided indicate the diagnosis of Lumbar disc protrusion with radiculopathy, Per MRI 07/08/2013; Lumbosacral musculoligamentous strain /sprain; Depression, situational; and sleep disturbance secondary to pain. Treatments have included physical therapy, extracorporeal shockwave treatment, chiropractic care, and Mobic. Lumbar MRI of 07/08/2013 revealed disc herniation but no evidence of nerve impingement, while the Nerve studies of 07/23/2013 was unremarkable. The medical records provided for review do not indicate a medical necessity for Steroid right lumbar Transforaminal epidural Steroid Injection at L4, L5 and S1, lumbar spine. The MTUS does not recommend epidural steroid injection without a documented evidence of clinical findings of radiculopathy supported by either MRI or nerve studies. Although radiculopathy is a feature of some cases of disc herniation, not all herniated discs present with radiculopathy (as in this case where there was no nerve impingement). Also, the straight leg test observed by the treating physician was not reproduced by the Agreed Medical Evaluator; therefore, the presence of radiculopathy has not been established. Therefore, this request is not medically necessary.