

Case Number:	CM14-0165831		
Date Assigned:	10/10/2014	Date of Injury:	03/21/2014
Decision Date:	11/12/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/08/2014

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, has a subspecialty in Occupational 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 35 year old male who was injured at work on 03/28/2014. The worker complains of pain in the low back and leg. The back pain is worse than the leg pain, the pain is constant, worse with walking, climbing stairs; there are no relieving factors. The pain is associated with numbness, tingling, and weakness of his legs. The medical records were reviewed. The physical examination revealed use of walking cane, moderate reduction of lumbar range of motion, sensory loss in the anterior aspect of the right thigh, and negative straight leg raise. Treatments have included about 6 sessions of physical therapy. The injured worker has been diagnosed of chronic lumbar strain; degenerative disc disease with central disc protrusions and annular tears L4-L5 and L5-S1 without stenosis. The lumbar MRI of 06/06/2014 revealed broad based disc bulge with annular tear within the central aspect of the disc in the L5-S1, and L4-L5 disc areas. Additionally, the L5-S1 disc area showed mild left sided facet arthropathy, mild foraminal narrowing with slight contact with the exiting left L5 nerve root; slight loss of disc space. Treatments have included physical therapy, Tramadol, and Soma. At dispute is the request for left lumbar epidural injection under fluoroscopy L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Epidural injection under fluoroscopy L5-S1: 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.

Decision rationale: The MTUS does not recommend epidural injections unless there is a documentation of radiculopathy from the physical examination and confirmed with either imaging (like MRI), or by electro-diagnostic testing (Nerve studies). Although the Lumbar MRI of the injured worker is suggestive of radiculopathy, the physical examination of the injured worker did not indicate features of radiculopathy. Therefore, the requested treatment is not medically necessary.