

Case Number:	CM14-0094539		
Date Assigned:	08/04/2014	Date of Injury:	11/20/2011
Decision Date:	10/15/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/20/2014

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 Nevada. 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 records presented for review indicate that this 40-year-old gentleman was reportedly injured on November 20, 2011. The mechanism of injury is stated to be twisting his back while working in a crawlspace. The most recent progress note, dated May 20, 2014, indicates that there were ongoing complaints of low back pain. The physical examination demonstrated decreased lumbar spine range of motion. There was decreased sensation at the left leg although it is not stated where. There was normal lower extremity strength and reflexes. There was also stated to be a positive straight leg raise test. Diagnostic imaging studies of the lumbar spine indicate a disc protrusion at T11 - T12 indenting the anterior aspect of the thecal sac. There was also disk desiccation with facet joint hypertrophy at L4 - L5, and L5 - L6, and L6 - S1. There was a disc protrusion indenting the right S1 nerve root. Nerve conduction studies indicated a left L5 - S1 radiculopathy. Previous treatment includes chiropractic treatment, acupuncture, and injection, and oral medications. A request had been made for a lumbar spine epidural steroid injection at L5 - S1 and was not certified in the pre-authorization process on June 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection 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 Page(s): 46.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for an epidural steroid injection includes that a radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The most recent physical examination of the injured employee dated May 20, 2014 does not indicate any specific neurological beyond decreased sensation throughout the left lower extremity. This is inconsistent with the MRI of the lumbar spine which shows potential right-sided lower extremity involvement. It is also inconsistent with the specific left-sided L5 and S1 findings of nerve conduction studies. As such, this request for a lumbar spine epidural steroid injection at L5 - S1 is not medically necessary.