

Case Number:	CM14-0146107		
Date Assigned:	09/12/2014	Date of Injury:	02/09/2012
Decision Date:	10/21/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/09/2014

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 Family 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:

The injured worker is a 48 year old male who sustained an injury to his low back on 02/09/12 while running; he pulled a muscle in his left thigh. Magnetic resonance image of the lumbar spine dated 07/18/14 revealed L4-5 mild disc desiccation; central, left paracentral, and left neuroforaminal 5mm broad based disc osteophyte complex and focus of annular fissure; mild central canal narrowing; right neuroforaminal and far lateral 6mm broad based disc protrusion; this is new since previous exam; interval worsening of the right neuroforaminal narrowing with moderate right neuroforaminal narrowing. The clinical note dated 08/08/14 reported that the injured worker continued to complain of intermittent low back pain without any associated numbness/tingling. Physical examination noted knee/ankle jerks normal; straight leg raise 80 degrees bilaterally; Lesegue's sign positive bilaterally. The injured worker was recommended for a lumbar epidural steroid injection at L4-5.

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 L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Epidural Steroid Injections.

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

Decision rationale: The request for a lumbar epidural steroid injection at L4-5 is not medically necessary. The previous request was denied on the basis that current radicular complaints are not documented. Insufficient objective findings consistent with radiculopathy (dermatomal distribution of symptoms, focal neurological deficits, and positive electrodiagnostic studies) must be documented to meet the California Medical Treatment Utilization Schedule (California MTUS) criteria. The California MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given this, the request for a lumbar epidural steroid injection at L4-5 is not indicated as medically necessary.