

Case Number:	CM14-0022173		
Date Assigned:	06/25/2014	Date of Injury:	01/24/2013
Decision Date:	08/18/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/21/2014

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 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 28 year old male with a reported injury on 01/24/2013. The mechanism of injury occurred while the injured worker was helping to move a heavy conference table, and he tried to stop the table from falling, which caused pain to the injured worker's lower back, which radiated down both legs. The injured worker had an examination on 11/18/2013 with complaints of his lower back pain radiating down to the left foot. The injured worker reported pain rated 8/10. An EMG/NCS of the left lower extremity was performed on 11/04/2013, which was normal. Prior treatments included a home exercise program, physical therapy, chiropractic therapy, and acupuncture, with no relief. An MRI of the lumbar spine was performed on 09/16/2013, which showed no evidence of significant lumbar disc protrusion, central canal stenosis, or impingement on existing nerve roots. Upon examination, lumbar flexion was 30 degrees and painful, lumbar extension was 20 degrees and slightly painful, lumbar rotation to the right and left was restricted and painful. Straight leg raise was positive at 80 degrees on the left. The injured worker's medication regimen was not provided. The injured worker's diagnoses included lumbar disc disease, left L5 and left S1 lumbosacral radiculopathy clinically, and chronic lumbar strain. The clinical note dated 03/31/2014 noted the injured worker had a lumbar strain. The injured worker continued to complain of the low back pain across both sides and rated his pain at 9/10 and indicated he was taking Dilaudid, Neurontin, and Clinoril. The physician's treatment plan included requests for physical therapy, an orthopedic spine surgeon visit, and a psychological consultation, which the injured worker declined. He was to still continue his daily home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar transforaminal epidural steroid injection (ESI) under fluoroscopy guidance at the left L5-S1 and left S1.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

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

Decision rationale: An MRI of the lumbar spine was performed on 09/16/2013, which did not show any evidence of neurologic pathology. An EMG/NCS of the left lower extremity was performed which revealed normal findings. The injured worker was previously treated with physical therapy, chiropractic treatment, and acupuncture therapy with no apparent relief. The MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. The Guidelines note radiculopathy must be documented on physical examination and corroborated by imaging studies. The Guidelines note injured workers should be initially unresponsive to conservative treatment such as exercise, physical methods, NSAIDS and muscle relaxants. Upon physical examination the injured worker did not have significant findings of neurologic deficit including decreased sensation, decreased reflexes, and decreased strength. Electrodiagnostic testing was performed to the left lower extremity which revealed normal findings. Additionally, there is a lack of findings upon MRI which would corroborate neurologic deficit. As such, the request is not medically necessary and appropriate.