

Case Number:	CM13-0004509		
Date Assigned:	12/27/2013	Date of Injury:	04/23/2009
Decision Date:	02/19/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and 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 physician 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 patient is 59-year-old male who reported a work related injury on 04/23/2009, specific mechanism of injury not stated. Subsequently, the patient presents for treatment of the following symptoms: low back pain radiating into the bilateral lower extremities with associated paresthesia, numbness, and weakness. MRI of the lumbar spine dated 03/17/2012 revealed, at the L5-S1 level, a mild congenital spinal stenosis and a 2 mm posterior disc protrusion. Electrodiagnostic studies of the bilateral lower extremities dated 05/21/2013 revealed unremarkable findings. Treatment rendered since status post the patient's injury include: epidural steroid injections, right knee arthroscopy, medication regimen, and activity modifications. The clinical note dated 07/03/2013 reports the patient was seen under the care of [REDACTED]. The provider documented the patient reports continued complaints of pain to the low back. Upon physical exam of the patient's lumbar spine, paralumbar spasms were 2+. There was tenderness upon palpation bilaterally. Atrophy was present in the quadriceps. Upon forward flexion the patient was able to reach to the knees; lateral bend to the right was 0 to 10 degrees, to the left was 20 to 30 degrees. The provider documented range of motion was limited secondary to pain. Deep tendon reflexes were absent at the bilateral knees. Sensation to light touch was decreased on the left in the lateral thigh, and motor strength of the bilateral lower extremities measured 5/5 throughout. The provider documented recommendation for the patient to undergo an epidural steroid injection at the L5-S1 level under sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Lumbar Epidural Steroid Injection and Epidurography, Anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

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

Decision rationale: