

Case Number:	CM13-0006554		
Date Assigned:	08/30/2013	Date of Injury:	12/09/2003
Decision Date:	01/16/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	08/05/2013

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 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 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:

This 60 year old male sustained a low back injury on 12/9/09 along with a cumulative trauma injury from 12/10/03-11/15/05 has reported chronic low back pain. Report dated 6/13/13 from [REDACTED], ortho noted clinical exam of tenderness at L5-S1 with positive straight leg raising test on the left, restricted range of motion including forward flexion and lateral flexion due to pain. The patient was noted to have had conservative treatment included 20 sessions of physical therapy, medications and rest with no significant relief of symptoms. X-ray was reported to show no instability with decreased disc height at L4-5 and L5-S1. Treatment request was for lumbar epidural steroid injection at L5-S1 which was non-certified by [REDACTED] on 7/5/13 for presented report. Updated report from [REDACTED], ortho spine dated 8/22/13, has noted complaints of moderate low back pain with radiation into the right leg with numbness. No results has been seen with physical therapy, acupuncture, medication, and home therapeutic exercises. Clinical exam identified tenderness over bilateral paralumbar with spasms; decreased sensation to light touch on right L5; Range of motion with flexion of 40 degrees, extension of 5 degrees with positive straight leg raise test bilaterally. Diagnoses included Lumbar spine Sprain/Strain with radiculopathy; History of posterior decompression. Documented MRI of Lumbar spine dated 4/27/13 has evidence of foraminal narrowing at L4-5, L5-S1, right laminotomy defect at L4-5 and disc extrusion at L1-2 extending to mid L2 . Treatment request is again for bilateral lumbar epidural steroid injection at L5-S1. The available medical records and additional physician reports have adequately addressed the specific indications for lumbar epidural injection.

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 bilateral L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for epidural steroid injections..

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

Decision rationale: The patient sustained a low back injury on 12/9/09, is status post lumbar decompression and remains permanent and stationary with permanent disability. Updated PR2 dated 8/22/13 from spine orthopedist, [REDACTED] noted increased low back pain radiating to right leg pain with numbness, decreased sensation at L5 with positive straight leg raise on clinical examination. There is correlating MRI report of 4/27/13 with canal and neural foraminal stenosis with possible nerve impingement. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) which has been adequately demonstrated and evident from the updated submitted reports. The Lumbar Epidural Steroid Injection at Bilateral L5-S1 is medically necessary and appropriate.