

Case Number:	CM13-0012476		
Date Assigned:	10/11/2013	Date of Injury:	06/30/1992
Decision Date:	05/06/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/13/2013

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 & 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:

This patient is a 44-year-old male with date of injury of 06/30/1992. Per the treating physician's report 06/20/2013, presenting symptoms are neck, left shoulder, low back, right knee pain. Examination of the lumbar spine showed restrictive mobility with spasms, positive straight leg raising, hypoesthesia, anterolateral aspect of the foot and ankle incomplete at L5-S1 dermatome distribution, weakness in the big toe plantar flexor bilaterally. Listed diagnoses are: Status post arthrodesis of C-spine with removal of hardware; Left shoulder impingement syndrome; Fracture of left distal radius, status post left wrist arthroscopic surgery; Lumbar disk herniation, status post IDET procedure; ORIF of the left tibia and synostosis take down and peroneal tendinopathy, post surgical trauma, anxiety, depression, insomnia, constipation with medication. Recommendation was for lumbar epidural steroid injection for the patient's pain. MRI of the lumbar spine 02/08/2013 showed 5.1-mm posterior disk at L5-S1, 6.1-mm posterior disk at L4-L5, 4.5-mm posterior disk at L3-L4, degeneration of the disk from L3 to S1. Body of the report shows that the measured protrusions are circumferential disk bulge at these levels and are not described as herniations. There is an operative report 09/08/2012 for "therapeutic placement of selective cannulated catheter epidural space, lumbar spine" along with epidurogram, neuroplasty decompression from L3 to S1, removal of the selective epidural catheter, therapeutic facet blocks in multiple levels. [REDACTED] letter of appeal is reviewed from 07/23/2013 where he mentions that there is a left-sided disk herniation at L5-S1. This letter is appealing the use of medications on this patient.

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 THE LEVELS OF L3-L4, L4-L5 AND L5-S1 UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS Chronic Pain Guidelines require clear documentation of radiculopathy before epidural steroid injections are to be tried. In this case, clear diagnosis of radiculopathy has not been provided. First, the patient does not present with clear dermatomal distribution of pain/paresthesia in one or the other lower extremity. Second, MRI shows nonspecific findings of diffuse bulging disks at multiple levels. Third, patient's physical examination does not provide specific nerve root level problem on one leg or the other. Finally, all of the information put together does not present a clear picture of L5 and S1 radiculopathy as noted by EMG/NCV studies. The request is not medically necessary and appropriate.