

Case Number:	CM13-0013339		
Date Assigned:	10/04/2013	Date of Injury:	12/03/2012
Decision Date:	01/15/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/19/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 a 47-year-old male who reported injury on 12/03/2012 with the mechanism of injury being that the patient was lifting a high bread rack out of his truck. The patient was noted to have a positive straight leg raise that elicited back pain. The patient's strength was noted to be 5/5 and the patient was noted to have equal sensation of the lower extremities. The diagnoses were noted to include lumbar discogenic pain, left lumbar radiculitis, myofascial pain, and lumbar degenerative disc disease. The request was made for a lumbar interlaminar epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar interlaminar epidural steroid injection (ESI): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS guidelines recommend for an ESI that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The

clinical documentation submitted for review indicated the patient had an MRI on 02/04/2013 with an official read which revealed (1) the patient had mild degenerative findings at L4-5 and L5-S1 without spinal stenosis or significant neural foraminal narrowing; (2) at L4-5, there was noted to be a mild right posterolateral bulge of 3 mm to 4 mm intruding upon the inferior right L4 neural foramen; (3) no central spinal stenosis, and there does not appear to be compression of the exiting nerve root at this level; (4) at L5-S1, there was a 4 mm central posterior disc bulge at L5-S1 producing concavity of the anterior thecal sac with no spinal stenosis or neural foraminal compromise. The records revealed that the patient had a positive straight leg raise, and on the pain diagram the patient reported pain along the posterior aspect of his leg. Clinical documentation indicated that the patient had 5/5 strength of the lower extremities with equal sensation, however, the straight leg raise on the left was noted to be positive with radicular pain. The patient was noted to have conservative care of physical therapy, chiropractic therapy, NSAIDS and opioids. While there is no documentation of compression of the exiting nerve root at L5-S1, there is a 4 mm central posterior disc bulge. The request for an interlaminar ESI is medically necessary and appropriate.