

Case Number:	CM13-0015423		
Date Assigned:	10/08/2013	Date of Injury:	02/25/2013
Decision Date:	06/10/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/22/2013

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 47 year-old patient sustained an injury on 2/25/13. Report of 4/29/13 from orthopedic spine consultation noted patient with constant complaints of low back pain with associated numbness in the buttocks and intermitten tingling in the back of both legs. The patient was deemed P&S on 12/14/05 with 17% WPI per report for a low back injury on 7/22/04. Medications list Norco, Ibuprofen, and muscle relaxant Flexeril. Exam showed tenderness in the lumbosacral area with approximately 20% loss in range of motion; DTRs are 2+ and symmetrical; Motor strength of 5/5 and Sensory are normal in bilateraly lower extremities; with normal heel-toe walk and negative straight leg raise. X-rays show disc narrowing. The patient has had an MRI; however, did not bring to this evaluation. Conservative care has included medications, physical therapy, and TTD since injury. Review of records noted MRI of 3/26/13 had impression of multilevel degenerative changes exacerbated by a lipomatosis with mild to moderate narrowing at L4-5 and L5-S1 neuroforaminal narrowing. Impression were lumbar musculo-ligamentous sprain/strain and possible lumbar disc herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR EPIDURAL STEROID INJECTION: Upheld

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

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

Decision rationale: 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); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing, not seen here. Submitted reports have not demonstrated any neurological deficits or remarkable diagnostics to support the epidural injection. Criteria for the epidural have not been met or established. The lumbar epidural steroid injection is not medically necessary and appropriate.