

Case Number:	CM13-0016984		
Date Assigned:	10/11/2013	Date of Injury:	08/11/2010
Decision Date:	01/08/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/27/2013

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, 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.

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 thirty seven year old male who reported a work related injury on 08/11/2010 due to cumulative trauma. Subsequently, the patient presents for treatment of the following diagnoses, disc herniation without myelopathy of the lumbar spine and lumbar neuritis/radiculitis. The clinical note dated 08/29/2013 reports the patient was seen for a re-evaluation under the care of [REDACTED]. The provider documents the time of injury, the patient utilized medications and 16 sessions of physical therapy. During the month of October 2010, the provider documents the patient was administered injections for pain. The provider documents the patient, upon physical exam of the thoracic and lumbar spine, was hyperlordotic. There were spasms noted over the lumbar spine, tenderness and motor strength about the lumbar spine was noted to be at 4/5. The patient had positive straight leg raise on the right and no trigger points noted over the erector spinals on the right. Range of motion was restricted due to pain, with flexion at 45 degrees, extension at 10 degrees. The provider reviewed an MRI of the lumbar spine dated 05/15/2013 signed by [REDACTED] which revealed: (1) at the L5-S1 level, a mostly focal center 4 mm disc protrusion was seen with central annular tear. There was no extrusion or sequestration of the disc material. The disc abuts the anterior portion of the thecal sac with mild to moderate left greater than right lateral spinal and neural foraminal stenosis. There was no extrusion or sequestration of the disc material. At the L4-5 level, annular concentric and broad based with a focal central component of a 4.8 mm disc protrusion was seen. There was central and left paracentral annular tears seen producing impression upon the anterior portion of the thecal sac extending to the bilateral lateral recesses with moderate left greater than right lateral spinal and neural foraminal stenosis with no extrusion or sequestration of the disc material. The prov

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid foraminal injection L4-L5: Upheld

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

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

Decision rationale: The current request is not supported. The clinical notes document the patient presents with lumbar spine pain complaints status post a work related injury sustained in 08/2010. The clinical notes document the patient initially utilized conservative treatment to include a medication regimen, physical therapy, and injections. It is unclear what injections the patient utilized and the efficacy of treatment. In addition, the clinical notes failed to evidence significant objective findings of symptomatology to support the patient undergoing the requested epidural steroid injections at this point in the patient's treatment. The clinical notes did not evidence any objective findings of motor, neurological, or sensory deficits. Given all of the above, the request for epidural steroid foraminal injection L4-5 is not medically necessary or appropriate

Epidural steroid foraminal injection L5-S1: Upheld

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

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

Decision rationale: The current request is not supported. The clinical notes document the patient presents with lumbar spine pain complaints status post a work related injury sustained in 08/2010. The clinical notes document the patient initially utilized conservative treatment to include a medication regimen, physical therapy, and injections. It is unclear what injections the patient utilized and the efficacy of treatment. In addition, the clinical notes failed to evidence significant objective findings of symptomatology to support the patient undergoing the requested epidural steroid injections at this point in the patient's treatment. The clinical notes did not evidence any objective findings of motor, neurological, or sensory deficits. Given all of the above, the request for epidural steroid foraminal injection L5-S1 is not medically necessary or appropriate.