

Case Number:	CM13-0017474		
Date Assigned:	09/27/2013	Date of Injury:	11/04/2012
Decision Date:	01/16/2014	UR Denial Date:	07/24/2013
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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 is a 53 year old male with injury dated 11/04/12. Diagnoses are Idiopathic low back pain, sciatica per report 5/13/13. An MRI of L-spine from 7/3/13 showed 3mm left sided disk protrusion at L3-4, 3 mm extruded disc at L4-5, slightly left sided, and 2 mm left sided protrusion at L5-S1. A 7/9/13 report shows that the patient is unable to work, pain primarily central lumbosacral region with some left lower extremity numbness and tingling. Ankle dorsiflexor is 4/5 on left compared to 4+/5 on right, SLR negative. An ESI was recommended. A 6/10/13 report is an EMG/NCV studies that showed evidence of mild chronic L5 radiculopathy on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

1.Request for Lumbar Epidural Steroid Injection (ESI) (Unspecified laterally and Level):
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section on ESI..

Decision rationale: The Chronic Pain Guidelines recommend ESIs as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. This patient has low back and left leg pain, with MRI showing a small extruded disc to left side at L4-5. The EMG showed chronic mild left L5 radiculopathy. An exam showed mild weakness left dorsiflexor, which is L4, L5 nerve innervated. There is no report of prior injection and radiculopathy diagnosis is documented in the file. The Chronic Pain Guidelines supports ESI's for radiculopathy, and as such, recommendation is for authorization for lumbar epidural steroid injection.