

Case Number:	CM13-0017969		
Date Assigned:	06/06/2014	Date of Injury:	11/01/1998
Decision Date:	11/20/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/28/2013

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 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 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:

The patient is a 56-year-old male with an injury date of 11/01/1998. According to the 05/15/2013 progress report, the patient complains of having back and bilateral radicular leg pain. He is tender in the lower lumbar area and straight leg raising test was positive bilaterally at 50 degrees. Reflexes are diminished and symmetrical. "The patient remains symptomatic from L4-L5 disk protrusion or herniation. He continues to suffer from radiculopathy related to this condition." The 07/03/2013 report indicates that the patient has a flare up of lower back and bilateral leg pain. The 07/25/2013 report continues to state that the patient has progressive back and bilateral leg pain, with weakness of the ankle dorsiflexors estimated 1 to 2 grades out of 5. No list of diagnosis was provided. The utilization review determination being challenged is dated 08/20/2013. Treatment reports were provided from 04/05/2013 - 07/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Epidural Steroid Injection With Fluoroscopy L4-5: Upheld

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

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

Decision rationale: Based on the 07/25/2013 progress report, the patient complains of having a flare-up of lower back and bilateral leg pain. The request is for a right lumbar epidural steroid injection with fluoroscopy at L4-L5. The 07/03/2013 progress report indicates that the patient previously had an ESI going back as far as 09/23/1999. The patient has "always responded extremely well from these procedures. His symptoms are severe and unremitting at this time." In regards to epidural steroid injections, MTUS Guidelines pages 46 to 47 states that "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat injection, 50% reduction of pain lasting 6 to 8 weeks with functional improvement must be documented. In this case, the treating physician does not describe MRI finding. There is no clear diagnosis of radiculopathy with dermatomal distribution of pain, examination findings that is corroborated by an MRI finding. Previous ESI was from 1999 which was very long-time ago and the current request for ESI would need to be merited based current findings. Given the lack of any description of an MRI or other imaging studies that explains the patient's radicular and exam findings; therefore this request is not medically necessary.