MAXIMUS Federal Services

Case Number:	CM13-0018415		
Date Assigned:	10/11/2013	Date of Injury:	09/28/2009
Decision Date:	01/06/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/29/2013

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 Medicie and 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 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 60-year-old male who reported a work related injury on 09/28/2009 as the result of strain to the lumbar spine. MRI of the lumbar spine dated 05/18/2011 signed by [redacted] revealed: (1) a very small 1 mm to 1.5 mm left paracentral T12 to L1 disc protrusion slightly effacing the thecal sac; (2) a small central L4-5 and L5-S1 disc protrusion containing disc herniations measuring between 2.5 mm and 3 mm, both with high signal within the disc extensions, the L4-5 level slightly effacing the thecal sac, and the L5-S1 level abutting upon the thecal sac; (3) L4-5 and L5-S1 deteriorative disc level changes with slight disc space narrowing and disc desiccation involving both levels; (4) a slight left lumbar rotary scoliosis with slight psoas muscle asymmetry to correlate clinically for posttraumatic asymmetric weight bearing or ongoing muscle spasms. The clinical note dated 03/22/2013 reported the patient was seen under the care of [redacted]. The provider documented review of MRI of the lumbar spine from 05/2012 which revealed L4-5 and L5-S1 degenerative disc disease with disc bulges but without central stenosis. The provider reviewed an electrodiagnostic study from 05/2012 which revealed left sided lumbar radiculopathy with L5 involved. The provider documented upon physical exam of the patient, motor strength was noted to be 4/5 in the bilateral lower extremities with associated complaints of tingling and numbness sensation to the bilateral lower extremities, left greater than right. The provider recommended the patient undergo 2 series of epidural or facet injections performed on the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection left at L5-S1: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence support for the requested intervention at this point in the patient's treatment. The clinical documentation did not include the most recent imaging studies or electrodiagnostic studies of the patient's bilateral lower extremities. The clinical notes failed to evidence objective imaging study evidence of radiculopathy, as California MTUS indicates, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Additionally, as the patient presents status post his work related injury of over 4 years it is unclear if the patient has previously utilized injection therapy and the efficacy of treatment. Given all of the above, the request for lumbar epidural steroid injection (left) at L5-S1 is not medically necessary or appropriate.