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| Case Number: | CM13-0021294 | | |
| Date Assigned: | 11/08/2013 | Date of Injury: | 06/15/2011 |
| Decision Date: | 04/18/2014 | UR Denial Date: | 08/08/2013 |
| Priority: | Standard | Application Received: | 09/07/2013 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 42-year-old male who reported injury on 06/15/2011. The mechanism of injury was noted to be that the patient was carrying several cases of water. The patient lifted a box of 12 large bottles of water and experienced pain in the low back. The patient was noted to be Final Determination Letter for IMR Case Number [REDACTED] 3 treated with 16 visits of chiropractic care with some relief, and some soft tissue injections that gave short-term relief. The patient had an MRI on 08/16/2011, which revealed at the level of L4-5, there was a 3 to 4 mm posterior rightward protrusion with an annular tear indenting the thecal sac. There was mild to moderate right greater than left central canal stenosis and mild to moderate foraminal encroachment with remaining perineural fat. The physical examination of 06/14/2013 revealed the patient's sensation to the lower extremities was essentially normal to light touch and pinprick. It was; however, indicated that there seemed to be slightly less sensation in the L4 and L5 distributions to light touch in the right foot. The patient's myotomal strength was 5/5. The patient's reflexes were 2/2. The straight leg raise test was negative. The patient's diagnoses were noted to include lumbar disc disease secondary to annular tear with high intensity zone lesion, and lumbar facet arthrosis. The treatment plan was an epidural steroid injection at L4-5 under fluoroscopic guidance, since the patient has failed conservative management.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE EPIDURAL STEROID INJECTION TO L4-5 UNDER FLUOROSCOPIC GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines recommend epidural steroid injections for patients who have objective findings of radiculopathy upon physical examination, corroboration by MRI examination, and failure of initial conservative treatment. Clinical documentation submitted for review indicated the patient had an annular tear on the MRI and mild to moderate right greater than left neural foraminal stenosis with moderate central canal stenosis. However, there was a lack of documentation indicating the patient had nerve impingement, per the MRI. Additionally, there was a lack of documentation of objective findings of radiculopathy. The patient was noted to have "slightly less sensation in the L4 and L5 distributions to light touch in the right foot." The myotomal examination, as well as reflexes and straight leg raise test was negative. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for lumbar spine epidural steroid injection to L4-5 under fluoroscopic guidance is not medically necessary.