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| Case Number: | CM13-0021567 | | |
| Date Assigned: | 11/01/2013 | Date of Injury: | 08/16/2012 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 08/26/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

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 Pain Management 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:

This is a male patient with the date of injury of August 16, 2012. A Utilization Review was performed on August 26, 2013 and recommended non-certification of lumbar ESI (Right L4-5). MRI of the lumbar spine dated April 4, 2013 identifies mild spondylosis and small chronic residual central disc protrusion but no significant stenosis at L4-5. A Progress Report dated June 6, 2013 identifies Interim History of some modest discomfort transversely in the low back. Physical Exam identifies weakly positive straight leg raising and weakly reproductive of some back pain in the low lumbar segments. Diagnoses identify lumbosacral disc protrusion L4-5. Recommendations identify consider lumbar epidural steroid injection on a trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI Right L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for lumbar ESI right L4-5, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment

of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, the submitted MRI does not corroborate the diagnosis of radiculopathy. In light of such issues, the currently requested Lumbar ESI Right L4-5 is not medically necessary.