

Case Number:	CM13-0021865		
Date Assigned:	11/13/2013	Date of Injury:	07/08/2009
Decision Date:	01/21/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/09/2013

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 Medicine 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 IMR application shows a dispute with the 8/27/13 UR decision, which is for an L4/5 ESI (epidural steroid injection). The 8/27/13 UR letter is from [REDACTED] and based the decision on the 8/23/13 medical report. The records show the patient is a 66 year-old, male who was injured on 7/8/2009. He underwent cervical decompression and fusion and also has low back pain with bilateral lower extremity pain. The 8/18/11 MRI was reported to show severe canal stenosis at L3/4, moderate at L2/3, L4/5, L5/S1. I am provided with records for review including a 10/3/13 report from [REDACTED], that states the patient has paresthesia in the buttock, thigh and calf and can barely stand up due to pain down the right leg. SLR (straight leg raise) was positive at 30 degrees and states the L4/5 ESI is warranted. The 5/9/13 QME report from [REDACTED] left future medical open for lumbar injections. He noted that the spinal stenosis was congenital due to short pedicles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection (ESI) at L4-5: 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 steroid injections (ESIs) Page(s): 46.

Decision rationale: MTUS for epidural steroid injections states: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The reporting does not describe a dermatomal distribution of pain, and there is no discussion of what distribution if any, the straight leg raise (SLR) reproduces. MTUS has criteria for ESI, the first item is: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." There was no specific spinal level of radiculopathy described or apparent on the physical exam. The MRI findings showed congenital central stenosis, severe at L3/4 and moderate at L2/3, L4/5, L5/S1. It is not clear why the physician chose the L4/5 level, over the other levels with the same degree or worse stenosis. The medical reporting does not document that the ESI is in accordance with MTUS guidelines.