

Case Number:	CM13-0023269		
Date Assigned:	11/15/2013	Date of Injury:	05/27/2013
Decision Date:	02/07/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/12/2013

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 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 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 62-year-old male who reported a work-related injury on 05/27/2013 after descending from a truck at work. The patient stated he felt pain in his low back area and had numbness and tingling in both legs. MRI of the lumbar spine dated 06/24/2013 revealed a small posterior disc protrusion with facet degenerative changes at L4-5 causing mild central canal and bilateral neural foraminal narrowing, and a small posterior disc protrusion at L5-S1 with a small annular fissure without significant central or foraminal stenosis. Also, mild facet arthropathy was noted at L3-4 with mild bilateral neural foraminal narrowing. Clinical documentation stated the patient had not been improving despite conservative management. A request has been made for a lumbar epidural steroid injection at L4-5, bilateral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5: Upheld

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

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

Decision rationale: Recent clinical documentation stated the patient continued to experience discomfort and pain in the low back area. He had radiating symptoms down his leg. Range of motion was decreased to the lumbar spine. Straight leg raise was positive and FABERE test was negative bilaterally. Motor strength to lower extremities was 5/5 with decreased sensation in the L5 dermatome noted, and reflexes were noted as 2+ with the exception of Achilles, which was 1+ on the right and left. It was noted the patient had not been improving despite conservative management. The patient was noted to have received therapy, but the number of sessions and the efficacy of the therapy were not stated. Criteria for the use of epidural steroid injections per California Chronic Pain Medical Treatment Guidelines indicate that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the patient must be initially unresponsive to conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants. Per physical exam of the patient, he was noted to have normal muscle strength and reflexes. There were no clear-cut findings of radiculopathy that would identify specific nerve compromise on the patient's physical exam. Furthermore, there was no evidence given the patient had failed conservative treatment to include physical therapy, home exercises, NSAIDs, and muscle relaxants. Therefore, the decision for lumbar epidural steroid injection at L4-5, bilateral is non-certified.