

Case Number:	CM13-0023399		
Date Assigned:	11/15/2013	Date of Injury:	06/08/2010
Decision Date:	02/19/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/10/2013

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 Illinois. 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 73-year-old female who reported an injury on 6/8/10. The patient is diagnosed with lumbar spondylosis, lumbar spinal stenosis, lumbar disc herniation, and lumbar radiculopathy. The patient was seen by [REDACTED] on 8/7/13. The patient was status post a left-sided epidural steroid injection at L4-5 and L5-S1. The patient reported persistent lower back pain with associated tingling and numbness with standing and walking in the left posterior lower extremity. Physical examination revealed negative straight leg raising, positive Lasegue testing bilaterally, absent deep tendon reflexes, decreased sensation in the L5 and S1 dermatomes, and moderate tenderness in the left lower back over the lumbar facets at L4-5 with L5-S1 with 2+ muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

left L5 selective nerve root block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain with use in conjunction with other rehabilitative efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies, and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. As per the clinical notes submitted, the patient has previously undergone an epidural steroid injection. Although the patient reported symptom relief, there was no indication of 50% pain relief with an associated reduction of medication use for 6-8 weeks following the initial injection. The patient's physical examination revealed no significant changes, as the patient continues to demonstrate positive Lasegue testing on the left, absent reflexes, decreased sensation, moderate tenderness, and 2+ muscle spasm. There were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. There is also no evidence of a failure to respond to recent conservative treatment prior to the request for a repeat injection. There is no evidence of this patient's active participation in a functional rehabilitation program to be utilized in conjunction with injection therapy. Based on the clinical information received, the request is noncertified.