

Case Number:	CM13-0024798		
Date Assigned:	11/20/2013	Date of Injury:	03/23/1998
Decision Date:	01/23/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/16/2013

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.

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 52-year-old male who reported an injury on 03/23/1998. The mechanism of injury was noted as the patient developed lower back pain that radiated down to his left leg while he was bending down to pick something up. The patient's symptoms were noted as lower back pain with radiating pain down his left leg. Objective findings included lumbar stiffness and tenderness, as well as limited range of motion. His diagnoses are listed as degenerative lumbosacral intervertebral disc disorder, unspecified site sacroiliac sprain, and thoracic/lumbosacral pain. A request was made for lumbar epidural steroid injections at L4-5 and L3-4. An MRI dated 07/06/2010 revealed a 3 to 4 mm protrusion at L3-4, causing mild to moderate foraminal narrowing bilaterally and L3 nerve root impingement; a 6 to 7 mm left-sided herniation at L4-5, causing moderately severe left foraminal narrowing facing the exiting left L4 nerve root; a 4 to 5 mm right-sided herniation at L4-5 causing moderate right neural foraminal narrowing; and a 3 to 4 mm protrusion at L5-S1, with moderate facet arthropathy with the potential for S1 nerve root irritation and moderate bilateral foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar-Epidural steroid injection L4-5 and L3-4: 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 (ESIs) Page(s): 46.

Decision rationale: California MTUS Guidelines state that the criteria for use of epidural steroid injections includes that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing and the patient must be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. The patient was noted to have complained of radiating pain into his left leg; however, there are no significant objective findings noted consistent with radiculopathy. Additionally, there is limited documentation of the patient's response to recent conservative treatments; therefore, it is unclear if the patient is participating in home exercises and when he last participated in a physical medicine program. With the absence of this documentation as required by guidelines for the use of epidural steroid injections, the treatment is not supported. Therefore, the requested service is non-certified.