

Case Number:	CM13-0025152		
Date Assigned:	11/20/2013	Date of Injury:	12/29/2011
Decision Date:	01/10/2014	UR Denial Date:	08/29/2013
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. 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 34 year-old, female with a date of injury on 12/29/11. The progress report dated 8/21/13 by [REDACTED] noted that the patient continued to complain of pain in the right upper back, low back and right knee. The pain is associated with numbness, tingling and weakness in the right leg as well as muscle pain and pins and needles sensation. The patient had a positive lumbar facet loading maneuver on the right and SI joint tenderness. Lumbar MRI on 2/21/12 showed 2.6 mm disc protrusion at L4-5 and 1.7 mm disc protrusion at L5-S1. It was noted that the patient had failed conservative management with PT/chiropractic therapy and acupuncture for low back and knee pain. The patient's diagnoses include: displacement of lumbar intervertebral disc without myelopathy; cervicalgia; unspecified internal derangement of knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (LESI) L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guidelines (Radiculopathy)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46-47.

Decision rationale: The progress report dated 8/21/13 by [REDACTED] noted that the patient continued to complain of pain in the right upper back, low back and right knee. The pain is associated with numbness, tingling and weakness in the right leg as well as muscle pain and pins and needles sensation. The patient had a positive lumbar facet loading maneuver on the right and SI joint tenderness. Lumbar MRI on 2/21/12 showed 2.6 mm disc protrusion at L4-5 and 1.7 mm disc protrusion at L5-S1. It was noted that the patient had failed conservative management with PT/chiropractic therapy and acupuncture for low back and knee pain. The patient's diagnoses include: displacement of lumbar intervertebral disc without myelopathy; cervicalgia; unspecified internal derangement of knee. The progress reports dated 9/19/13, 8/21/13, 7/23/13, 6/11/13, and 5/1/13 provided no documentation of radiculopathy on physical exam. Regarding epidural steroid injections, MTUS requires that radiculopathy be documented by physical exam and corroborated by imaging studies (pg. 46, 47). It appears by the patient's subjective complaints that she may have radicular symptoms. However, the symptoms described do not indicate dermatomal distribution of pain/paresthesia and the MRI is not clear as to whether or not there is radiculopathy with an involvement of a specific nerve root. Recommendation is for denial.