

Case Number:	CM13-0025561		
Date Assigned:	11/20/2013	Date of Injury:	07/04/2012
Decision Date:	01/31/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/17/2013

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 Internal Medicine, Pulmonary Diseases, 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 35-year-old injured worker who reported a lifting injury on 07/04/2012. The patient's symptoms include low back pain and left lower extremity numbness and tingling. Objective findings are noted to be tenderness to palpation along the lumbar paraspinal regions, left side worse than the right side; decreased range of motion of the lumbar spine; normal sensation to the bilateral lower extremities; decreased motor strength of the left hip flexion and knee extension; decreased reflexes in the bilateral patellar reflexes; and positive straight leg raising test on the left; as well as positive slump test and Lasegue's maneuver. An MRI of the lumbar spine dated 08/11/2012 noted that there was a ventral and right-sided disc protrusion at L5 to S1 resulting in mild canal bilateral foraminal stenosis, as well as a disc protrusion at L4 to L5 with mild to moderate canal and bilateral foraminal stenosis. The patient was noted to have reported that symptoms were affecting their ability to work around the house, exercise, sleep, and function. A request is made for a transforaminal epidural steroid injection on the left L4, L5, and S1 nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 transforaminal epidural steroid injection on the left at L4, L5 and S1: 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: The California MTUS Chronic Pain Medical Treatment Guidelines state that epidural steroid injections are indicated for patients with radiculopathy documented by physical examination and corroborated by imaging studies, who have been initially unresponsive to conservative treatments including exercise, physical methods, NSAIDs, and muscle relaxants. It was noted that the patient reported that the use of medications has decreased their pain and normalized function. Recent documentation does not show whether the patient is currently participating in a home exercise program or physical therapy. Therefore, the patient does not meet the criteria of being initially unresponsive to conservative treatments including exercises, physical methods, NSAIDs, and muscle relaxants. Additionally, the request for epidural steroid injections at L4, L5, and S1 exceeds the Guideline's recommendations that no more than 2 nerve root levels should be injected using transforaminal blocks. The request for 1 transforaminal epidural steroid injection on the left at L4, L5 and S1, is not medically necessary and appropriate.