

Case Number:	CM13-0025919		
Date Assigned:	01/03/2014	Date of Injury:	10/30/2012
Decision Date:	03/24/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/18/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 44-year-old male who reported injury on 10/30/2012. The mechanism of injury was noted to be a gradual injury to the low back from repetitive bending and kneeling down. The patient had an MRI of the lumbar spine on 04/20/2013 which revealed at L3-4, the patient had a 3 to 4 mm diffuse posterior disc bulge with narrowing of the anterior thecal sac and there was no evidence of nerve impingement. On examination of the thoracic and lumbar spine, the patient had hyperlordosis and muscle spasms of the lumbar spine. The patient had right-sided erector spinalis trigger points that were positive. The patient had tenderness on the left side of the thoracic spine and right side of the lumbar spine paravertebral. The patient had a positive foraminal compression test on the right side of the thoracic and lumbar spine. There was noted to be general muscle weakness secondary to pain on the right side of the low back. The diagnoses were noted to include thoracic neuritis and lumbar 1 mm to 4 mm disc herniations without myelopathy. The physician opined the proper course of treatment was for an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

injection spine ESFI x 2 at L3-4 QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Page(s): 46.

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

Decision rationale: California MTUS Guidelines indicate that an epidural steroid injection is appropriate with objective findings of radiculopathy and corroboration by MRI or electrodiagnostic studies along with documentation of the patient's unresponsiveness to conservative treatment. The clinical documentation submitted for review failed to provide specific myotomal or dermatomal findings, as well as a positive straight leg raise with radicular pain. The MRI indicated there was no evidence of nerve impingement and no neural foraminal narrowing at L3-4; the spinal cord was not compressed. There was a lack of documentation that the patient was initially unresponsive to conservative treatment. Given the above, the request for injection spine ESFI x 2 at L3-4 is not medically necessary.