

Case Number:	CM13-0026641		
Date Assigned:	11/22/2013	Date of Injury:	11/27/2012
Decision Date:	01/22/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/19/2013

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 & Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 states that while he was working on 11/27/2012, he was walking down the street and as he stepped off the curb, he slipped and fell, landing on his lower back and tailbone. The patient stated he had immediate onset of pain in his low back/tailbone. The patient participated in 10 sessions of physical therapy in 01/2013, but continued to have pain. An MRI of the lumbar spine was ordered and the patient was referred to a pain management specialist. The patient was further treated with chiropractic care, physical therapy modalities, and medication and missed one and a half years due to his occupation not able to modify his job. A plain view x-ray of the lumbar spine was taken on 04/17/2013 that indicated lumbar spondylosis with moderate degenerative disc disease of the lower thoracic and upper lumbar region with suggestion of retrolisthesis of L3 on L4 and L4 on L5 with suggestion of degenerative facets present. Prior to that, the MRI of the lumbar spine, dated 01/24/2013 noted no evidence of acute fracture; it did state there was moderate to severe secondary central stenosis at L3-4. Also at the L3-4 level, there was a 2 mm diffuse disc bulge noted, with moderate to severe facet arthroscopy was noted bilaterally. These changes contributed to a moderate degree of secondary central stenosis and mild encroachment of the anterolateral recesses bilaterally. Mild foraminal narrowing was noted bilaterally and mild lumbar spondylitic changes were noted at the remaining disc levels include degenerative retrolisthesis at levels of L1, L2, and L5-S1. The most recent clinical date is 06/12/2013 which stated the patient still has persistent back pain that has not shown much improvement in spite of receiving 20 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at the levels of L3-L4 and L5-S1: Upheld

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

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

Decision rationale: California MTUS Guidelines state that an ESI is recommended as an option for radicular pain which is defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. Under the heading stating criteria for the use of epidural steroid injections, it states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient has been dealing with chronic low back pain for several months now; however, there is nothing in the documentation stating the patient is having any radicular-type of symptoms. There is only a statement that his left foot occasionally falls asleep but there is nothing verifying the circumstances at the time of this occurrence. Because radiculopathy must be documented by a physical examination or corroborated by imaging studies and/or electrodiagnostic testing, the patient does not meet guideline criteria at this time for an epidural steroid injection. As such, the requested service is non-certified.