

Case Number:	CM13-0028551		
Date Assigned:	11/27/2013	Date of Injury:	03/13/2013
Decision Date:	03/12/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/25/2013

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 least at 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:

This 47 year-old male sustained an injury on 3/13/13 while employed by [REDACTED]. The request under consideration includes one (1) bilateral L4-L5 lumbar steroid injection. The report of 7/3/13 from [REDACTED] had exam findings of positive straight leg raise (SLR) on the right causing pain into left buttock down the leg as well as positive SLR on the left causing pain down leg consistent with disc herniation. Diagnoses include left lower extremity radiculopathy. The report on 8/14/13 from [REDACTED] noted the patient's low back pain is returning. Exam of lumbar spine showed thrombotic thrombocytopenic purpura over lumbosacral junction; range in flexion/ extension/ and lateral bending 40/ 10/ 10 degrees; manual motor strength testing 5-/5 on left extensor hallucis longus; sensation intact; and deep tendon reflexes symmetric. Plan was for bilateral L4-L5 lumbar steroid injection x 1. Request was non-certified on 9/5/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bilateral L4-L5 lumbar steroid injection: 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 (ESIs) Page(s): 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Criteria for the lumbar ESI have not been met or established. The request for one (1) bilateral L4-L5 lumbar steroid injection is not medically necessary and appropriate.