MAXIMUS Federal Services

Case Number:	CM13-0029281		
Date Assigned:	11/01/2013	Date of Injury:	03/26/2013
Decision Date:	01/29/2014	UR Denial Date:	09/17/2013
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 & Rehabilitation, has a subspecialty in Pain Medicine, 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:

30 y.o. female with injury to lumbar spine from 3/26/13. The patient has been diagnosed with sprain and sciatica. MRI showed right sided annular fissure at L4-5 with a bulging disc. The request for ESI was denied on 9/17/13 and lack of documentation of radiculopathy has been cited as a reason for denial. No EMG demonstrated radiculopathy and it was not clear whether radicular pain or radiculopathy was present. Report by [redacted] from 7/30/13 shows that the patient has right leg pain down to the sole of the right foot with numbness. Examination showed hypesthesia in a right L5 vs. S1 pattern. Hip and knee flexors were mildly weak. MRI showed right intraforaminal annular fissure at L4-5 with non-compressive disc bulge. [redacted] felt that there was a far right lateral disc protrusion causing lateral recess stenosis at the second lowest disc level. 8/27/13 report shows no additional information. Report from 6/18/13 shows that the patient had an episode of right leg pain where she fell to the ground. [redacted] initial report from 5/21/13 shows that the patient has pain in right low back with radiation down posterolateral leg terminating in the foot with numbness .

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 79.

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

Decision rationale: This patient has significant right leg symptoms with clearly radiating distribution likely in L4 vs. L5 nerve root distribution. The treater describes pain down posterior leg down to the foot which is typically L5 nerve root distribution but L4 is possible. MRI showed intraforaminal annular tear on the right side at L4-5. This is the same side as the patient's pain. The treater describes "far lateral" disc at L4-5 and believes is causing lateral recess stenosis. Although far lateral disc cannot cause lateral recess stenosis as this area is in side the spinal canal and lateral discs are outside the foramin, the annular fissure with intraforaminal bulge at L4-5 on right side could potentially cause L4 radiculopathy. Examination supports L4 radiculopathy as well. Recommendation is for authorization of the requested trial of an ESI.