

Case Number:	CM13-0030715		
Date Assigned:	11/27/2013	Date of Injury:	05/06/2010
Decision Date:	02/05/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/01/2013

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, has a subspecialty in Interventional Spine 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 65 year old male who injured his low back on 5/6/10 from heavy lifting at work. The diagnoses on the 8/9/13 handwritten PR2 from [REDACTED] are not legible to me. The diagnoses from the 9/4/13 report from [REDACTED] include: low back pain; lumbar disc displacement The Utilization Review determination being challenged is dated 9/17/13 and recommends denial of lumbar epidural steroid injection at levels L5-S1 using caudal approach with IV conscious sedation. [REDACTED] is the requesting provider and has provided the report from 9/4/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI at L5-S1 using Caudal approach with IV conscious sedation: Overturned

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: The Chronic Pain Medical Treatment Guidelines recommend ESIs as an option for treatment of radicular pain (defined as pain in dermatomal distribution with

corroborative findings of radiculopathy). The UR denied the ESI because the 9/4/13 report from [REDACTED] does not discuss a specific dermatomal pattern. However, [REDACTED] did document the pattern of decreased sensation along the lateral thigh and lateral foot on the left, and lateral foot on the right side. The described pattern appears to be L5 and S1 on the left and S1 on the right. There was quadriceps atrophy bilaterally and the SLR was positive bilaterally at 40 degrees. The MRI report is dated 1/14/12 and shows bilateral foraminal narrowing at L4/5 and L5/S1. [REDACTED] has recommended a caudal approach ESI, and reports the patient having anxiety and requiring IV Sedation. The patient appears to have clinical findings of radiculopathy with sensory deficit in a dermatomal pattern, and root tension signs with SLR, and corroboration with the MRI report. The UR letter states there was no comment on outcome of prior ESI, but on reviewing the 307 pages of records provided for IMR, I do not see any evidence that the patient has ever had prior injections. The recent request for the ESI appears to be in accordance with MTUS guidelines.