

Case Number:	CM13-0030988		
Date Assigned:	12/04/2013	Date of Injury:	03/20/2012
Decision Date:	01/29/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 51 year old female with an injury from 3/20/12. The treater's diagnoses from the 7/15/13 report are lumbar disc herniation; lumbar radiulopathy; multiple level cervical disc protrusion; cervical radiculopathy and chronic headaches. A MRI showed 3-4mm disc bulge at L4-5 with mild left foraminal steonis. EMG/NCV from 6/13/12 showed L4-5 right sided disc protrusion with moderate right foraminal narrowing (QME report 10/15/13). The patient's symptoms include low back pain with numbness and tingling and radicular pain. The patient has not improved with conservative care. Intensity of pain is 8/10 and worse pain is described as located in the low back with numbness and tingling of the right leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Epidural Steroid Injection (ESI) at the Levels of L4-L5: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient has pain in low back and radiation of symptoms into right leg. The MRI showed disc protrusion with right foraminal stenosis at L4-5. EMG showed acute and chronic L5/S1 radiculopathies. Review of the reports show that the request for ESI was denied from January 2013. The medical records submitted for review do not indicate that this patient has tried an ESI before. MTUS Chronic Pain Guidelines support ESI for radiculopathy and this diagnosis has been demonstrated via symptom location, MRI, and EMG findings. The request for 1 lumbar epidural steroid injection at the levels of L4-L5 is medically necessary and appropriate.