

Case Number:	CM13-0031002		
Date Assigned:	12/04/2013	Date of Injury:	09/22/2011
Decision Date:	01/27/2014	UR Denial Date:	09/09/2013
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 and is licensed to practice in California, Ohio and Pennsylvania. 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 underlying date of injury in this case is 09/22/2011. The primary diagnosis is lumbar disc displacement. The initial mechanism of injury is that this patient was getting up from a seated position in a tractor. The patient has been noted to develop low back pain with radiation to both lower extremities to the toes. His working diagnosis is lumbar disc protrusion at L4-L5. An MRI report of 01/20/2013 demonstrated mild diffuse disc bulging at L2-3 and L4-5 with small central annular fissures and otherwise no focal disc protrusion or significant canal or neural foraminal stenosis. The treating physician saw the patient in follow-up on 08/21/2013 and noted the patient had received the first lumbar epidural injection on 08/15/2013, which produced 50% improvement of low back pain. The treating physician requested a second epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Procedure Summary

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Epidural Injections states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. A second block is not recommended if there is inadequate response to the first block. The medical records describe either low back pain or very generalized radiation to the lower extremities, not in a specific radicular distribution. The physical exam findings are those of 4/5 strength in general in the lower extremities without clarification of the specific myotome or dermatome with neurological findings. There is no electrodiagnostic evidence of a radiculopathy documented. MRI imaging documents disc bulging of minimal apparent clinical significance, described as very mild diffuse disc bulging. The MRI specifically states there is no focal disc protrusion or neural foraminal stenosis. Therefore, the medical records do not clearly support the reported treating diagnosis of a lumbar disc protrusion, and there is no clear evidence of a radiculopathy as defined by the treatment guidelines. Therefore, the requested second lumbar epidural steroid injection is not medically necessary or appropriate.