

Case Number:	CM13-0031596		
Date Assigned:	12/04/2013	Date of Injury:	02/20/2003
Decision Date:	01/30/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/03/2013

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 OHysical 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 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:

This is a 70 year old male who was involved in a work related injury, 02/20/2003, due to heavy lifting resulting in left leg pain and left foot weakness. This was treated conservatively with a foot brace. Electromyogram and nerve conduction velocity tests dated 06/30/2013 showed left severe sensorimotor peroneal neuropathy and left L5-S1 radiculopathy. MRI dated 05/10/2013 revealed L4-5 posterior lip ridging and osteophyte formation; severe foraminal stenosis bilaterally. At L5-S1 the patient had a central to right paracentral bulging. The patient also had moderate to severe stenosis effecting central right S1 nerve root. There was also severe right and moderate left foraminal stenosis. MD progress note, dated 05/15/2013, reports the patient had lumbar spine left drop foot and L4-5 paralysis. The patient has been treated conservatively with medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural and selective right L-5 transforaminal injection: 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 Page(s): 46.

Decision rationale: The request for lumbar epidural and selective right L5 transforaminal injection is certified. Prior conservative treatments have failed and per MD note of 05/15/2013, the patient has lumbar spine left drop foot and L4-5 paralysis. Imaging and electrodiagnostic tests corroborate radiculopathy and foraminal stenosis. Criteria for the use of epidural steroid injections per CA MTUS Guidelines recommend radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As such, based on the documentation submitted, the request for lumbar epidural and selective right L5 transforaminal injection is certified.