

Case Number:	CM13-0032208		
Date Assigned:	12/04/2013	Date of Injury:	03/14/2005
Decision Date:	01/15/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/07/2013

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 Oklahoma and Texas. 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 53-year-old male who reported an injury on 03/14/2005. His symptoms include low back pain and bilateral lower extremity pain. Objective findings include tenderness to palpation along the left lumbosacral region of the lumbar spine, positive left straight leg raise test at 35 degrees, and negative right straight leg raise test. The patient's diagnoses were listed as chronic low back pain, bilateral lower extremity pain, left much worse than right, severe L3-4 spinal stenosis, moderate L4-5 spinal stenosis, posterior L3-4 disc herniation, multiple degenerative lumbar discs, and lumbar facet joint hypertrophy. It was also noted that an MRI from 10/24/2012 documented a posterior L2-4 disc protrusion, multifactorial severe L2-4 central canal stenosis, multifactorial moderate L4-5 central canal stenosis, and multiple degenerative lumbar discs, and facet joint hypertrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient L5/S1 interlaminar epidural steroid injection: Upheld

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.

Decision rationale: California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. The criteria for the use of epidural steroid injections include that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the patient must have been initially unresponsive to conservative treatment to include exercises, physical methods, NSAIDs, and muscle relaxants. As there was no documentation of pain along a specific dermatomal distribution and objective findings failed to include significant findings consistent with radiculopathy, the use of an epidural steroid injection is not supported by guidelines at this time. Additionally, the most recent note fails to comment on the patient's prior conservative treatment measures and as to whether exercises, physical therapy, NSAIDs, and muscle relaxants provided any relief. For these reasons, the requested service is non-certified.