

Case Number:	CM13-0034659		
Date Assigned:	12/11/2013	Date of Injury:	03/23/2012
Decision Date:	05/14/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/15/2013

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:

This is a 27 year-old male with a 3/23/12 industrial injury claim. According to the 9/3/13 report, the patient presents with 7/10 low back pain with left lower extremity pain. The diagnosis is lumbar radiculopathy, L5/S1, electro diagnostics positive. The physician requests series-of-3 lumbar epidural steroid injections. On 10/1/13, UR modified the request to allow one LESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTIONS: 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 Page(s): 46 of 127.

Decision rationale: The patient presents with low back pain and left lower extremity pain. The physician states the diagnosis of L5/S1 radiculopathy was confirmed with electro diagnostics. There were no electrodiagnostic studies provided for this IMR. The 1/30/13 CT scan of the lumbar spine shows bony hypertrophy of the facets at L5/S1 causing mild lateral recess stenosis. The foramina at L4/5 are patent. The 7/17/13 report states the patient has positive left SLR with

hypoesthesia in the S1 distribution and absent Achilles reflex on the left. The CT scan did not show S1 root compression. The patient may have some radicular symptoms. The electrodiagnostic report was not provided for review, and the available physical exam findings are not consistent with the findings on CT. Despite this, UR has already approved one LESI. The 9/3/13 report states that the physician has requested series-of-three epidural injections. MTUS guidelines for ESI, specifically states: "Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections" The request for a series of three ESI is not in accordance with MTUS guidelines.