

Case Number:	CM13-0035900		
Date Assigned:	12/13/2013	Date of Injury:	08/08/2012
Decision Date:	02/05/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/18/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in 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 30-year-old male who reported a work-related injury on August 08, 2012 as the result of a strain to the lumbar spine. The MRI of the lumbar spine dated November 17, 2012, signed by [REDACTED], revealed (1) early disc desiccation was noted at the L3-4 and L4-5 levels; (2) a Schmorl's node was noted at the L3-4 and L4-5 levels; (3) anterior osteophyte complex noted at the L3-4 and L4-5 levels; (4) at the L2-3 level, diffuse disc protrusion with effacement of the thecal sac; L2 exiting nerve roots were unremarkable; (5) at the L3-4, diffuse disc protrusion with effacement of the thecal sac; bilateral neural foraminal narrowing effaces the left and right L3 exiting nerve roots, more so on the left than the right and (6) L4-5 disc protrusion without effacement of the thecal sac; narrowing of the left neural foramen that effaces the left L4 exiting nerve root. Electrodiagnostic studies of the bilateral lower extremities dated August 05, 2013, performed under the care of [REDACTED], revealed no indications of any evidence of lumbar radiculopathy or peripheral neuropathy. The clinical note dated September 10, 2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that the patient reported a continued rate of pain at an 8/10 to 9/10. The patient utilized Vicodin 5/500 one by mouth every 8 hours as needed for pain. The provider documented that the patient reported radiation of pain from the lumbar spine down the bilateral lower extremities. Upon physical exam of the patient, sensation was symmetric and intact as well as reflexes and motor strength throughout the bilateral lower extremities. The provider documented a negative straight leg raise bilaterally. The provider recommended that the patient undergo a bilateral L4 transforaminal epidural steroid injection as the patient had failed conservative treatment, including physical therapy and anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) transforaminal lumbar epidural steroid injection at bilateral L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Section Page(s): 46.

Decision rationale: The California MTUS indicates, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The clinical notes lacked evidence of significant objective findings of symptomatology to support the presence of radiculopathy. In addition, imaging studies of the patient's lumbar spine did not reveal any nerve root impingement, and diagnostic studies of the bilateral lower extremities did not reveal any active radiculopathies. Given all of the above, the request for one (1) transforaminal lumbar epidural steroid injection at bilateral L4, is not medically necessary or appropriate.