

Case Number:	CM13-0037352		
Date Assigned:	12/13/2013	Date of Injury:	08/27/2012
Decision Date:	05/20/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation; Pain Management 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 expert 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 48 year-old male who was injured on 8/27/12 when he was lifting a heavy double pane window. He has been diagnosed with lumbar degeneration and neural foraminal stenosis with pain and radicular pain. According to the 8/13/13 anesthesiology/pain management report from [REDACTED], the patient is 5'6", 240 lbs, and presents with low back pain radiating to the lower extremities to the posterior part of the knees. He complains of numbness around the rectum. Exam revealed absent right ankle reflex; and decreased sensation in the anterior right leg. [REDACTED] states the MRI showed foraminal stenosis bilaterally at L4/5 and L5/S1 and recommends bilateral L5/S1 interlaminar epidural steroid injection. The request was denied by UR on 9/4/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L5-S1 bilateral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: According to the 8/13/13 report from [REDACTED], the patient presents with back pain radiating down the legs to the posterior knees. Physical exam findings revealed decreased sensation at the right anterior leg, absent right ankle reflex, compared to the \hat{A} ¼ reflex on the left. [REDACTED] did not identify a specific dermatomal pattern of symptoms, although the decreased sensation in the right anterior leg may be in the L5 distribution. The decreased right ankle reflex may be suggestive of right S1 involvement. All other neurologic findings were normal, and there are no left-sided findings. MRI from 4/19/13 was not consistent with the exam findings. MRI showed mild-to-moderate left side and mild right side foraminal stenosis without evidence of nerve root compression. MRI shows slightly more left-sided findings, but the exam showed right-sided findings. [REDACTED] requested "bilateral L5-S1 interlaminar epidural steroid injection". The request before me is for "for Lumbar epidural steroid injection L5-S1 bilateral". If the ESI is interlaminar, it does not need to be performed bilaterally or twice on the same day. MTUS states: "No more than one interlaminar level should be injected at one session" MTUS states epidural steroid injections are: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). " MTUS gives specific criteria for epidural steroid injections, the first item is: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The available records did not report a dermatomal distribution of pain. The exam findings showed right-sided findings, but the MRI shows more significant problems on the left-side, and specifically notes there is no "evidence of foraminal nerve root compression". The MTUS criteria for an ESI has not been met. The request for Lumbar Epidural Steroid Injection L5-S1 bilateral is not medically necessary.