

Case Number:	CM13-0037575		
Date Assigned:	12/18/2013	Date of Injury:	02/28/2012
Decision Date:	04/21/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/23/2013

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, 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:

This is a 45 year-old male who was injured on 2/28/12. He has been diagnosed with lumbosacral sprain; low back pain and sciatica. According to the 9/9/13 progress note from [REDACTED], at the [REDACTED], the patient presents with low back pain and bilateral sciatica, and initially refused an ESI, but has now changed his mind. He has lumbar spasm and decreased motion on exam, SLR and neurologic exam were negative. He was taking Naproxen and Soma and had side effects from Lyrica, and has tried Neurontin in the past. He has had PT. The 4/27/12 PT note states the patient had decreased right L3/4 reflex and positive nerve root tension on the right. [REDACTED] recommends referral to [REDACTED] for ESIs. There was a 3/20/12 lumbar MRI report that shows L3/4 disc bulging to the left with tiny annular fissure with left lateral recess and foraminal narrowing but without definite neural contact. And L4/5 disc bulging centrally and to the left where there is 4.5mm of posterior extension with mild left recess and foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO SPECIALIST FOR LUMBAR EPIDURAL STEROID INJECTION:

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 Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

Decision rationale: According to the 9/9/13 progress note from [REDACTED], the patient presents with low back pain and bilateral sciatica. [REDACTED] recommended the referral to [REDACTED] for ESIs. The MTUS guidelines state that epidural injections are: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS lists criteria for ESI including: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The reports did not identify specific nerve root involvement or any dermatomal distribution by subjective complaints or exam findings, and the MRI report does not document nerve root compression, and the 11/18/13 EMG/NCV report was read as normal study of bilateral lower extremities, no lumbosacral radiculopathy. The patient does not meet the MTUS criteria for a lumbar ESI, so the referral to a specialist for an ESI does not appear necessary.