

Case Number:	CM13-0040286		
Date Assigned:	12/20/2013	Date of Injury:	06/03/2012
Decision Date:	03/14/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/09/2013

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 Family Practice 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 34-year-old male who reported an injury on 06/03/2012, due to lifting an object that reportedly caused injury to the low back. The patient underwent an MRI that revealed very mild anterolisthesis of the L5-S1 secondary to an L5 pars defect, a small central protrusion of the L4-5 abutting the thecal sac. Previous treatments have included physical therapy, acupuncture, chiropractic care, and medications. The patient's most recent clinical examination findings revealed the patient had chronic low back pain. Physical findings included 5/5 motor strength of the bilateral lower extremities with a negative straight leg raising test bilaterally, and equal and symmetrical deep tendon reflexes of the bilateral lower extremities. The patient's diagnosis included lumbago. A treatment request was made for a lumbar epidural steroid injection at the L4-5 level with an interlaminar approach.

IMR ISSUES, DECISIONS AND RATIONALES

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

A lumbar interlaminar epidural steroid injection (ESI) under fluoroscopic approach at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have documentation of radicular findings that are corroborated with an imaging study that have failed to respond to conservative treatments. The clinical documentation submitted for review does provide evidence that the patient has had significant back pain that has been unresponsive to conservative treatments. However, the patient's physical evaluations do not reveal any signs of radiculopathy. Additionally, the submitted imaging study does not establish any nerve root involvement. Therefore, an epidural steroid injection would not be indicated. As such, the requested lumbar ESI under fluoroscopic guidance at levels L4-L5 is not medically necessary or appropriate.