

Case Number:	CM13-0042378		
Date Assigned:	12/27/2013	Date of Injury:	08/01/2012
Decision Date:	03/17/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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 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:

The patient is a 56-year-old male who reported an injury on 08/01/2012 after the patient drove over a rut in the road and reportedly caused injury to the low back. The patient's history included low back discectomy approximately 15 years ago. The patient was treated conservatively without significant benefit. The patient underwent an MRI 02/2013 that revealed evidence of a hemilaminectomy at the L4-5 and L5-S1, facet ligamentum flavum hypertrophy with severe right lateral recess and moderate canal foraminal stenosis. It was also noted that the patient had an annular disc scar with bulging disc with no significant canal stenosis. The patient's most recent objective findings on 01/06/2014 revealed an inability to heel/toe walk on the right, diffuse lumbar paraspinal muscular tenderness, decreased sensation in the L5 dermatome, and 4/5 muscle strength in the big toe extensor with decreased reflexes in the ankles. The patient's diagnoses included status post lumbar laminectomy, lumbar disc disease, and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right lumbar epidural steroid injection at L5-S1: Overturned

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

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

Decision rationale: The Physician Reviewer's decision rationale: The requested outpatient right lumbar epidural steroid injection at the L5-S1 is medically necessary and appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients who have documentation of radicular findings that are supported by an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does provide evidence that the patient has disturbed sensation in the L5 dermatome with an inability to do a heel/toe walk and decreased motor strength in the big toe extensor. Radicular complaints are supported by moderate foraminal stenosis in the L5-S1. The clinical documentation indicates that the patient has failed to respond to physical therapy, chiropractic care, medication, activity modification, and a home exercise program. The patient does have radicular findings supported by an imaging study and has failed to respond to conservative treatments. An outpatient lumbar epidural steroid injection at the L5-S1 is medically necessary and appropriate.