

Case Number:	CM13-0042574		
Date Assigned:	12/27/2013	Date of Injury:	11/20/2011
Decision Date:	06/03/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/30/2013

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 Orthopedic Surgery, 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 claimant, a 47-year-old gentleman, injured his low back in a work related accident on November 20, 2011. The report of an MRI of the lumbar spine from May 5, 2013 showed evidence of a disc protrusion at the L4-5 level resulting in bilateral neuroforaminal stenosis. The clinical report on 09/18/13 by [REDACTED] indicated persistent low back and radiating hip pain. It states recent conservative care including moist heat, ice, rest, medication management and therapy have been utilized. Physical examination findings were positive bilateral straight leg raising, positive facet joint, loading testing bilaterally, lumbar tenderness to palpation, and no documentation of focal, motor, sensory, or reflexive change to the lower extremities. The recommendations for a lumbar epidural steroid injection at the L4-5 level and medial branch blocks at the L3-4 and L4-5 level bilaterally were made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Lumbar Epidural Steroid Injections (ESI), bilateral L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009: 9792.24.2 Page(s): 46.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the L4-5 epidural steroid injection would not be recommended. The MRI identifies a disc protrusion at the L4-5 level. There is currently no indication of physical examination findings to support a radicular process. There is no current motor, sensory, or reflexive change noted on the recent assessment. Chronic Pain Guidelines recommend the need for correlation between radiculopathy on physical examination findings, electrodiagnostic testing or imaging before proceeding with epidural injections. The lack of radicular physical exam findings would fail to support the above request.