

Case Number:	CM13-0042682		
Date Assigned:	12/27/2013	Date of Injury:	05/27/2013
Decision Date:	02/27/2014	UR Denial Date:	10/14/2013
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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 55-year-old male who reported an injury on 05/27/2013. The injury was noted to have occurred when the patient stepped down from a lift truck. The patient's diagnosis is lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis. His symptoms are noted to include low back pain with radiation down the leg. He was noted to have not improved with conservative management. Objective findings are noted to include decreased motor strength to the left EHL, normal deep tendon reflexes, and decreased sensation in the L5 dermatome. It was noted in his 10/21/2013 office note that [REDACTED] had reviewed an MRI of the lumbar spine dated 09/20/2011 which was noted to show mild bilateral neural foraminal stenosis with a 2 mm disc bulge and bilateral facet hypertrophy at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar epidural steroid injection 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 Page(s): 46..

Decision rationale: According to the California MTUS Guidelines, epidural steroid injection may be recommended for patients with documentation of radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, the patient needs to have been initially unresponsive to conservative treatments. The patient was noted to have objective findings consistent with radiculopathy on his physical exam noted as decreased motor strength in the left EHL and decreased sensation in the L5 dermatomes. Additionally, he was noted to have failed conservative treatment. However, the patient's MRI was noted to show a 2 mm disc bulge; however, there was no noted nerve root impingement at this level. Moreover, the MRI report was not provided for review in order to corroborate with the patient's objective findings. Therefore, the request is non-certified.