

Case Number:	CM13-0042683		
Date Assigned:	03/26/2014	Date of Injury:	06/11/2009
Decision Date:	04/30/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/21/2013

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, 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 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 patient is a 67-year-old male who reported an injury on 06/11/2009. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to the cervical spine and lumbar spine. The patient underwent an MRI in 07/2013 that documented there was a disc bulge at L2-3 impinging the exiting L2 nerve root, a disc bulge at L3-4 impinging the L3 exiting nerve roots, and a disc bulge at L4-5 impinging on the L4 exiting nerve roots. The patient's most recent clinical evaluation dated 09/11/2013 noted that the patient had constant low back pain rated at 5/10. It was noted the patient had previously received a lumbar epidural steroid injection that provided 70% to 80% pain relief for 8 to 9 months. The patient's physical findings included spasm and tenderness to palpation with painful range of motion of the lumbar spine, positive LasA"gue's test bilaterally, positive straight leg raise test bilaterally, decreased motor strength in the quadriceps bilaterally rated at 4/5, and decreased sensation in the L4-5 dermatomes bilaterally. The patient's diagnoses included cervical discogenic disease and lumbar discogenic disease. The patient's treatment plan included refill of medications and continuation of a home exercise program. A lumbar epidural steroid injection from L2 through L5 bilaterally was requested as the patient failed to respond to conservative measures to include activity modifications, oral medications, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LESI L2-L5 BILATERALLY: Upheld

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

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

Decision rationale: The requested lumbar epidural steroid injection L2-5 bilaterally is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends epidural steroid injections be based on radicular symptoms supported by an imaging study that is recalcitrant to conservative measures. The clinical documentation submitted for review does indicate that the patient has radicular pain verified by an imaging study that has not responded to conservative measures. It is also noted that the patient previously received a lumbar epidural steroid injection with 80% to 90% improvement for several months. However, California Medical Treatment Utilization Schedule does not recommend more than 2 nerve root levels be injected in 1 session. As the request is for 3 nerve root levels, the request is not supported by guideline recommendations. As such, the requested 1 lumbar epidural steroid injection L2-5 bilaterally is not medically necessary or appropriate.