

Case Number:	CM13-0044586		
Date Assigned:	12/27/2013	Date of Injury:	02/10/2013
Decision Date:	02/12/2014	UR Denial Date:	10/09/2013
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 Spine Surgery and is licensed to practice in Maryland. 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 30-year-old male who has a date of injury of February 10, 2013. He was standing and bent forward while lifting and felt severe pain to his low back. He complains of chronic low back pain. He also complains of low back pain radiating to the right foot with numbness and tingling. - Physical examination lumbar spine shows tenderness to palpation of the lumbar spinous processes and spinal musculature in the lumbar region. He has reduced range of motion lumbar spine secondary to pain. - The patient has documented weakness of multiple muscle groups in the right leg to include hips knees ankles and toes. Weakness is only on the right side and not on the left. The patient has documented sensory deficits in the right L4-L5 and S1 dermatomes. There is no neuro deficit on the left side. - - Patient has been diagnosed with lumbosacral strain with radiculitis and disc herniation. - - MRI shows large L4-5 disc herniation. - - At issue is whether left sided L4-5 epidural steroid injection is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left sided lumbar epidural steroid injection at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections. .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections. .

Decision rationale: The patient does have large L4-5 disc herniations in the medical records. However, the medical records do not document a specific focal neurologic deficit corresponding to this disc herniation. The medical records indicate that the patient has a physical exam showing non-focal sensory reduction on the right side in the L4-5 and S1 dermatomes. The patient also has weakness of the right leg at the hips knees ankles and toes. His physical examination does not correlate with the MRI findings of L4-5 disc herniation as the physical examination shows multiple radicular findings in regions other than L5 and L4. Guidelines epidural steroid ingestion indicate and radiculopathy must be documented on physical examination and corroborated by imaging study that shows specific nerve root compressive pathology. In this case, a left-sided epidural steroid injection is requested, and the patient's physical examination is normal on the left side was prepped motor and sensory function. This patient clearly does not be established criteria for epidural steroid injection because of physical examination and imaging studies do not document left-sided radiculopathy.