

Case Number:	CM13-0045109		
Date Assigned:	12/27/2013	Date of Injury:	07/06/2011
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 Physical Medicine & 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 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 31-year-old male who reported an injury on 07/06/2011. The injury was noted to have occurred while he was using a digger machine. His diagnosis is lumbar spondylosis. His symptoms are noted to include low back pain with radiation to his bilateral calves. His physical exam findings include normal motor strength at 5/5 in the bilateral lower extremities, normal reflexes in the bilateral lower extremities, and decreased sensation on the right side in the L5 dermatome. It was noted that the patient had previously failed conservative management, including a home exercise program, physical therapy, medications, rest, and modified duty. The patient received bilateral L5-S1 transforaminal epidural steroid injections on 11/01/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left sided L5-S1 lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections may be recommended for patients with radiculopathy documented by physical examination and

corroborated by imaging studies and/or electrodiagnostic testing. The clinical information provided for review indicates that the patient has no current significant objective findings of radiculopathy on the left side. Additionally, it was noted that his MRI on 07/25/2013 showed a small posterior central disc extrusion at L5-S1 that does not displace the underlying thecal sac or nerves. The MRI report was not provided for review to confirm the findings. As the patient's physical exam findings were negative for significant objective findings consistent with radiculopathy on the left side, and the MRI was noted to be negative for nerve root impingement at this level, the request for an epidural steroid injection is not supported. As such, the request is non-certified.