

Case Number:	CM13-0045397		
Date Assigned:	12/27/2013	Date of Injury:	03/17/2010
Decision Date:	03/07/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/12/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 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 45-year-old male who sustained injury to his lower back on 03/17/2010. He had lumbar MRI dated 05/17/2010 showed, "Levoscoliosis of the lumbar spine centered at L2-3. The degenerative disc changes with retrolistheses from T12-L1 through L4-5. L4-5 4 mm broad based disc bulge extending laterally and narrowing both neural foraminal. " The lumbar MRI dated 04/16/2013 showed multilevel disc bulges/protrusion and degenerative changes most notable for mild spinal canal stenosis at L3-4, EMG/NCS of lower extremities dated 04/19/2013 that showed mild radiculopathy affecting the left S1 and right L5-S1 levels, with mild neurogenic changes seen in the right gastrocnemius and bilateral lower level paraspinal muscles. He had 2 prior ESIs in August 2012 and December 2012 with some relief of pain. A note dated 09/09/2013 by [REDACTED] indicates he presented with complaints of chronic, severe lower back pain secondary to lumbar degenerative changes and lumbar facet syndrome. It was noted that previous ESIs gave more than 70% relief "for months." Current medications included Norco 10/325 mg, Tramadol HCL 50 mg, Trazodone HCL 50 mg, and Soma 350 mg. On physical exam, DTRs in lower extremities were decreased but equal. On lumbar/sacral exam, tenderness to palpation over paraspinals with multiple level disc protrusions. FF 40, hyperextension 10, right lateral bend 15, and left lateral bending 15. The squatting was abnormal, sciatic notch tenderness present bilaterally. The SLR was positive bilaterally. Gait was antalgic. Strength diminished in bilateral lower extremities. Sensation to light touch decreased in right lower extremity. He was diagnosed with lumbar disc displacement w/o myelopathy, lumbar DDD, lumbar stenosis, lumbar radiculopathy, and lumbar facet arthropathy. The plan was to continue physical therapy and medications, repeat ESI, and referral to neurosurgical consultation and GI consultation. The current review is for lumbar ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

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.

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

Decision rationale: The request for lumbar ESI is non-certified. The patient has already had 2 ESIs in the past, and the referenced guidelines do not recommend more than 2 ESI injections. Additionally, it is unclear from the request what levels the provider wants to inject.