

Case Number:	CM13-0046131		
Date Assigned:	04/25/2014	Date of Injury:	08/27/2008
Decision Date:	07/07/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/13/2013

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 & Rehabilitation 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 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 53 year old male who was injured on 08/27/2008. Mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the lumbar spine dated 12/08/2008 which shows small central disc bulge protrusion at L4-5 with minimal mass effect on the thecal sac and minor annular disc bulge at L3-4 with some facet arthropathy at multiple levels. Progress note dated 06/07/2013 documented the patient reports a slight improvement of his overall condition. The patient thinks that the physical therapy treatment was extremely helpful. He continues his home exercise program daily and is walking for exercise. The patient has completed the authorized physical therapy sessions. Progress note dated 10/02/2013 documented the patient with complaints of low back pain that is achy and dull with episodes of sharp, stabbing pain in that region. He continues to complain of persistent bilateral lower extremity paresthesias and a feeling in his right leg of being heavy. The Wellbutrin that was started at the last office visit has helped with some of his depression. He also reports some relief with the medication that he is taking. His level of pain is reported at 7/10. Objective findings on examination of the lumbar spine reveal tenderness to palpation of the lumbar spine. Range of motion flexion caused an increase of pain in the lumbar spine.

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 Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS).

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

Decision rationale: According to the CA MTUS, a nerve block (or epidural steroid injection) is recommended as an option for treatment of radicular pain (defined as pain in dermatome distribution with corroborative findings of radiculopathy). The first criterion for nerve block is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MRI of the lumbar spine dated 12/08/2008 did not show evidence of nerve impingement. Progress note dated 10/02/2013 documented hyperesthesia of the bilateral lower extremities in physical exam but did not document specific dermatome distribution to show the level of radiculopathy. The medical necessity for a lumbar epidural steroid injection is not established at this time.