

Case Number:	CM13-0046567		
Date Assigned:	12/27/2013	Date of Injury:	05/31/2013
Decision Date:	04/25/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/01/2013

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, has a subspecialty in Interventional Spine 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:

This patient is a 37-year-old female with date of injury of 06/31/2013. Per treating report of 10/07/2013, this patient presents with chronic low back pain and sciatica symptoms with a listed assessment of low back pain, degenerative lumbar disk disease, sciatica, and numbness. His report also describes MRI report from 09/06/2013 with impression of mild degenerative changes at L5-S1 level. The recommendation was for lumbar epidural steroid injection bilaterally at L5-S1 and L4-L5. Treating physician indicates under his discussion, "MRI of the lumbar spine reveals degenerative disk disease at L5-S1. Currently, the majority of her bilateral lower extremities pain is in the L4-L5 and L5-S1 distribution." Request was for diagnostic electrodiagnostic studies and spinal injection for pain relief and functional gain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION 4/5, L5-S1 BILATERAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46-47.

Decision rationale: This patient presents with a persistent low back pain with radiating symptoms to the lower extremities. The treating physician has asked for bilateral level L4-L5, L5-S1 epidural steroid injection. MRI of the lumbar spine showed degenerative disk changes at L5-S1 only, per report on 09/06/2013. The examination showed tenderness over paraspinal muscles from L3 to S1 levels, and straight leg raise tests were positive bilaterally, along with antalgic gait. No other abnormalities were noted, and sensation and muscle strength were intact per treater's report on 10/07/2013. MTUS guidelines provide clear discussion regarding epidural steroid injections. It requires a diagnosis of radiculopathy, which is dermatomal distribution of pain/paresthesia corroborated by imaging studies. In this case, while the patient has radicular symptoms of pain down the lower extremities, MRI shows no evidence of nerve root lesions. MRI of the lumbar spine showed only degenerative disk changes, of which epidural steroid injections are not indicated. Examination findings do not show dermatomal or myotomal pattern of deficits either. Recommendation is for denial.