

Case Number:	CM13-0047699		
Date Assigned:	12/27/2013	Date of Injury:	09/04/2008
Decision Date:	03/26/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/04/2013

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 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:

This is a male patient with a date of injury of 9/4/08. A utilization review determination dated 10/29/13 recommends non-certification of lumbar epidural steroid injection to the left side. Lyrica and MRIs of the cervical and lumbar spines were all certified. A progress report dated 12/11/13 identifies subjective complaints including low back pain increased 9/10 down the left leg. Physician review of MRI is said to reveal L4-5 annular tear with 3 mm disc protrusion and ventral thecal sac effacement. Objective examination findings identify restricted lumbar ROM with hypertonicity and tenderness bilaterally. SLR positive on the left in sitting at 10 degrees. Positive TTP over bilateral facet joints and T6. Motor testing is noted to be limited by pain. There appears to be some inconsistency in the reporting of the motor strength as EHL is noted to be 5-/5 right and 5/5 bilaterally, dorsiflexors 5-/5 left and 5-/5 bilaterally, plantar flexors 5-/5 right, 4/5 left, and 5-/5 bilaterally, knee extensors 4/5 left, and hip flexors 4/5 left. Diagnoses include lumbar radiculopathy; cervical radiculopathy; rib and sternum anomalies not elsewhere classified; internal injury not otherwise specified or ill defined; posttraumatic stress disorder; post-concussion syndrome; pain in joint lower leg; hand pain; dizziness and giddiness; chest wall pain. Treatment plan recommends lumbar epidural due to radicular signs on exam as MRI revealed L4-5 annular tears and protrusion of disc with effacement of thecal sac. 11/11/13 lumbar spine MRI identifies: Low profile protrusion with annulus fissure right of midline at the L4-5 level. Fissuring may irritate nerve root in the right subarticular gutter. There is a moderate narrowing of the neural foraminal outlets at this level; Ventral osteophyte at L3-4, no herniations or spur from the dorsal margin of the disc; Midline mass, probable hernia. This may contain bowel. Clinical follow up required.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar epidural steroid injection to the left side: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for lumbar epidural steroid injection to the left side, CA MTUS states that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Within the documentation available for review, it is noted that the prior utilization review certified a lumbar MRI for the purpose of corroborating the patient's radicular symptoms/findings. A lumbar ESI was non-certified at that time. The lumbar MRI was subsequently performed and revealed an annular fissure at L4-5 along with a disc protrusion and moderate neuroforaminal narrow. There is also documentation of left-sided radiating pain and positive exam findings including a positive SLR and some equivocal strength deficits. In light of the above, the currently requested lumbar epidural steroid injection to the left side is medically necessary.