

Case Number:	CM13-0049164		
Date Assigned:	12/27/2013	Date of Injury:	07/12/2013
Decision Date:	04/30/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/07/2013

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 and 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:

The patient is a 57-year-old female with date of injury of 07/12/2013. The listed diagnoses per [REDACTED] dated 10/23/2013 are: 1. Lumbar sprain 2. Sciatica, left 3. Sciatica, right According to the progress report dated 10/23/2013, the patient complains of lower back, right leg and left leg pain. She describes it as throbbing pain. She rates her pain a 3/10 and states that it improves with pain medication. She also denies any tingling or numbness since she has a decrease in pain. The physical examination of the low back shows tenderness to palpation of the left and right paraspinal musculature. There is muscle spasm on the right side. The range of motion is 30 degrees flexion, 15 degrees extension, 15 degrees left lateral bending, 15 degrees right lateral bending. Straight leg raise is positive on the right, equivocal on the left. The treater is requesting a lumbar epidural steroid injection on the right L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (LESI) #1 INJECTION RIGHT L5-S1:

Overturned

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

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

Decision rationale: This patient presents with back pain. The treating physician is requesting 1 lumbar epidural steroid injection on the right L5-S1. The utilization review dated 10/24/2013 denied the request stating that examination did not show radiculopathy. For an ESI, MTUS Guidelines page 46 and 47 states that radiculopathy must be documented in physical examinations and imaging studies including unresponsiveness to conservative treatments. The review of records show an MRI dated 08/16/2013 showing multiple levels of disk protrusion and degeneration. Additionally, there is a mild spinal stenosis at L4-L5 and foraminal stenosis on the right at L5-S1 due to a disk protrusion. Review of over 100 pages of records do not show any recent or prior lumbar epidural steroid injection at the L5-S1 level. Progress report dated 09/24/2013 by [REDACTED] shows that the patient complains of deep pain in the lumbar region radiating down both legs mainly on the right. The patient also states that the pain on the right extends from the buttock down the right leg to the calf. Furthermore, straight leg raise on the right is positive with posterior thigh pain. Given the patient's significant leg symptoms and an MRI showing multi-level protrusions with stenosis, trial of one ESI would appear reasonable and consistent with MTUS. Recommendation is for authorization.