

Case Number:	CM13-0050657		
Date Assigned:	12/27/2013	Date of Injury:	04/12/2013
Decision Date:	04/30/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/14/2013

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 and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 35 year-old female who reported an injury on 04/12/2013. The mechanism of injury was not provided in the medical records. The patient was diagnosed with lumbar sprain. The patient's symptoms included low back pain, with radicular pain down to the right worse than left leg. Examination of the lumbar spine revealed a range of motion of 45 degrees flexion, 10 degrees extension, 10 degrees right lateral bending, and 10 degrees left lateral bending. Palpation of the lumbar paraspinal muscles revealed tenderness in hypertonicity bilaterally. Palpation of the quadratus lumborum and gluteal muscles revealed tenderness and hypertonicity of the right side. Straight leg raise test was positive on the right at 60 degrees with pain radiating down to the posterior leg. The patient's deep tendon reflexes were noted to be 2+ in the L4 and 1+ in the S1 muscle groups on the right side. The patient's sensation was noted to be normal in the L4 and L5 muscle groups bilaterally. Sensation was decreased on the right side and normal on the left side in the S1 muscle group. Past medical treatment included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR EPIDURAL BLOCK L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS Page(s): 46.

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

Decision rationale: The documentation submitted for review indicates the patient had a positive straight leg raise test on the right and deep tendon reflexes were 2+ in the L4 and 1+ in the S1 muscle groups on the right side. The patient's sensation was normal in the L4 and L5 muscle groups bilaterally. The patient's sensation was decreased on the right side and normal on the left side in the S1 muscle group. As the Guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies, there is a lack of documented radiculopathy on the left to support a bilateral lumbar epidural block. Therefore, the request is not supported. Given the above, the request for Bilateral Lumbar Epidural Block L5-S1 is non-certified.