

Case Number:	CM13-0050842		
Date Assigned:	12/27/2013	Date of Injury:	02/04/2013
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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 42-year-old male who reported an injury on 02/04/2013. The mechanism of injury was noted to be lifting. He is diagnosed with lumbosacral syndrome with L3-4 and L4-5 right-sided disc disease. His symptoms are noted to include low back pain with radiating symptoms into his right leg. His previous treatments were noted to include physical therapy and medication. His physical examination findings include normal sensation, motor strength, and reflexes in the bilateral lower extremities. An MRI was performed on 08/09/2013 and revealed (1) a 4 mm left foraminal disc protrusion at the L2-3 level, which encroaches upon the exiting left L2 nerve root within the neural foramen, as well as moderate foraminal narrowing; (2) a 4 mm right foraminal disc protrusion at the L3-4 level with encroachment upon the exiting right L3 nerve root and mild left-sided foraminal narrowing; (3) a 3 mm right foraminal disc protrusion with annulus fibrous fissure at the L4-5 level abutting the right L4 nerve root and causing mild left-sided foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO TO THREE EPIDURAL STEROID INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI..

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

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections may be recommended for patients with radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, the patient needs to have been initially unresponsive to conservative treatment, including exercises, physical methods, NSAIDs, and muscle relaxants. The patient was noted to have failed physical therapy and medications, and his symptoms were noted to include radiating pain from his low back down his right lower extremity. In addition, multilevel disc protrusions were noted with nerve root encroachment and foraminal narrowing. However, the patient's physical examination failed to provide evidence of significant objective findings consistent with radiculopathy in the form of decreased sensation or motor strength. In the absence of correlation with physical examination findings consistent with radiculopathy and imaging studies and/or electrodiagnostic testing, epidural steroid injections are not supported. Further, the request for 2 epidural steroid injections to 3 epidural steroid injections fails to provide specific details including the side and levels being requested for injection. For the reasons noted above, the request is non-certified