

Case Number:	CM13-0052156		
Date Assigned:	12/27/2013	Date of Injury:	08/16/2012
Decision Date:	08/29/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/15/2013

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 Occupational Medicine 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 27-year-old male who has submitted a claim for herniated intervertebral disc, lumbar, and lumbar spine strain that associated with an industrial injury on date of 08/16/2012. Medical records from 2013 were reviewed and showed that the patient complained of low back pain graded 6/10. Physical examination showed mild tenderness over the lower lumbar region and range of motion was limited. Sitting straight leg raise test was positive on the right. Motor testing showed weakness of the right extensor hallucis longus. Decreased sensation was noted in the right L4 and L5 distribution. MRI of the lumbar spine dated 04/04/2013 showed mild loss of disc height, shallow disc bulge, small residual 3mm thickness, and chronic disc protrusion showing some desiccation at the level of L4-L5. The official report of the imaging study was not provided for review. Treatment to date has included Medrol injection, acupuncture, chiropractic therapy, and physical therapy. The utilization review dated 11/05/2013 denied the request for epidural steroid injection (ESI) because there was no documentation of significant disc bulging or stenosis at the requested levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL INJECTION L5-S1 X1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAGE 46.

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines page 46 states "Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment." In this case, the patient complains of chronic low back pain despite conservative treatment. Physical examination showed a positive straight leg raise test on the right, weakness of the right EHL, and hypoesthesia over the L4 and L5 dermatomal distribution. However, MRI of the lumbar spine dated 04/04/2013 failed to show significant foraminal narrowing or frank nerve root compromise at the level of L5-S1. The criteria for ESI has not been met. Therefore, the request for epidural injection L5-S1 x 1 is not medically necessary.