MAXIMUS Federal Services

Case Number:	CM13-0053510		
Date Assigned:	12/30/2013	Date of Injury:	01/17/2012
Decision Date:	03/15/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in Texas and 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:

The patient is a 51-year-old who reported an injury on 01/17/2012, due to a jumping motion that caused injury to the low back. The patient's treatment history included medications, massage, physical therapy, Toradol or Morphine injections, a TENS (transcutaneous electrical nerve stimulation) unit, and a medial branch block. The patient underwent an MRI in 04/2013 that revealed foraminal stenosis at the L4-5 level with prominent facet arthropathy at the L5-S1 with encroachment upon the right neural foramen. The patient's most recent clinical examination findings revealed tenderness to palpation over the spinous process rated at 3/4, a bilateral straight leg raising test producing low back pain, and pin wheel testing documenting normal sensation bilaterally. The patient's diagnoses included lumbosacral neuritis/radiculitis, thoracic pain/strain, and prominent facet arthropathy. The patient's treatment plan included an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

A lumbar epidural steroid injection at L4-L5 and L5-S1: Upheld

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

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

Decision rationale: The requested lumbar epidural steroid injection at the L4-5 and L5-S1 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends epidural steroid injections for patients with documented radicular findings that are corroborated by an imaging study and have failed to respond to conservative treatments. The clinical documentation submitted for review does provide evidence that the patient has nerve root involvement at the L4-5 level upon imaging study. However, there is no objective evidence of radiculopathy in the L4-5 or L5-S1 dermatomes to support the need for an epidural steroid injection. The request for a lumbar epidural steroid injection at L4-L5 and L5-S1 is not medically necessary or appropriate.