

Case Number:	CM13-0054801		
Date Assigned:	12/30/2013	Date of Injury:	07/01/2010
Decision Date:	03/10/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/15/2013

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 Spinal Surgery and is licensed to practice in New York . 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 55 year old male with his date of injury of July 1, 2000 time. He injured his back in his left shoulder while carrying a package slipping on the floor. MRI lumbar spine performed in May 2012 showed mild to moderate spinal stenosis and bilateral foraminal stenosis at L4-5. At L5-S1 there was a central disc protrusion with mild stenosis. At L3-4 it was bilateral foraminal impingement. Patient continues to have severe back pain radiating down the legs. He has had physical therapy 2 years ago but has not had any physical therapy since then. Previous treatments also included flexor patches and trigger point injections. Patient takes naproxen and tramadol and gabapentin. Physical exam showed decreased lumbar range of motion and painful range of lumbar motion. Neurologic exam showed weakness and decreased strength was decreased touch sensation and mildly decreased reflexes in the lower extremities. At issue is whether epidural steroid injections medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injections, Anesthetic Agent and/or Steroid, Tranforaminal Epidural, with Imaging Guidance (Fluroscopy or Computerized Tomography (CT); Lumbar or Sacral, Single Level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: This patient has not been established criteria for lumbar epidural steroid injection. Specifically, the patient does not have documented radiculopathy in the bilateral lower extremities. In addition, the patient does not have a recent trial of failure of physical therapy. There is no documentation of a functional improvement program. In this case, there is no neurologic deficit findings on physical examination to support radiculopathy at L4-5 and L5-S1. The imaging studies does not demonstrate significant compression at these levels. In addition, recent trial of failure conservative measures and an ongoing functional restoration program for chronic back pain are not present in the medical records.