

Case Number:	CM13-0055109		
Date Assigned:	01/22/2014	Date of Injury:	03/24/2006
Decision Date:	04/28/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/20/2013

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:

This is a 58 year old male patient s/p injury 3/24/05. A 10/29/13 progress note stated that the patient stated that his pain is unchanged. He has pain in the low back and lower extremities. There is pain in the lower lumbar region, gluteal region, lateral thigh on the left, anterolateral thigh, and anterior crural region with shooting and numbness to his toes. The note states that the patient has lower extremity pain on the left with radiculopathy noted on exam with reduction in Achilles reflex on the left at S1. He has nerve compression with moderate to severe bilateral subarticular neuroforaminal narrowing at L4-5 and moderate to severe canal narrowing at L4-5. His lower extremity pain is consistent with radicular pain. 10/24/13 progress note states that the patient had an MRI which confirms lumbar disc disease and diffuses disc herniation at L2-3 level causing severe central canal narrowing. He also has mild to moderate narrowing at other levels and moderate to severe narrowing at L4-5. Examination revealed some occasional numbness mostly in the left leg area. He has no focal weakness or bowel or bladder incontinence. 10/10/13 note states that the patient has some moderate neurogenic claudicating symptoms with pain with walking. This is likely due to spinal stenosis at these levels. The patient has pain in a mono radicular pattern extending to the buttock, posterior thigh and calf on the left. He has radiculopathy on the left at S1 as evidence by reduced Achilles reflex. This is most likely due to the moderate to severe left lateral recess stenosis at L4-5, likely affecting the L5 nerve root. The note stated that there has been no recent physical therapy or interventions. 9/6/13 note states to consider physical therapy in the future. There is documentation of a previous adverse determination 11/13/13 for lumbar epidural steroid injection left L4 and bilateral L5. The request was non-certified due to lack of corroboration of radiculopathy at any of the levels per imaging. Additionally, there was decreased sensation only at left L5, not bilaterally. There were no sensory loss findings or deep tendon reflex loss at left L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION LEFT L4 AND BILATERAL L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Injections Page(s): 46.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. It is unclear that the patient has clinical signs of radiculopathy (motor, sensory, reflex changes) at the left L4 and bilateral L5 levels. There are no right sided L5 findings. The recent course of conservative care directed the low back is unclear. It is not established that there has been a recent attempt at active therapy. The request is not medically necessary.