

Case Number:	CM13-0055278		
Date Assigned:	12/30/2013	Date of Injury:	04/20/2009
Decision Date:	03/26/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 67-year-old male who sustained an injury on 04/20/2009 while moving a 55 gallon drum using a pallet jack. When pushing and turning to unload, it jarred his right knee and his lower back. The patient underwent an MRI of the lumbar spine on 07/11/2012 which noted a disc protrusion at L3-4 that measured approximately 2.6 mm beyond the adjacent posterior vertebral margins, there was effacement of the adjacent anterior thecal sac and mild ligament thickening, a very mild stenosis, and there was also a disc protrusion at L4-5 which noted very slight anterolisthesis of L4 on L5 with moderately prominent broad based posterior disc protrusion, which measured approximately 4.5 mm beyond the adjacent posterior vertebral body margins, there was effacement of the adjacent anterior thecal sac and bilateral facet arthropathy, greater to the right with encroachment also greater to the right and there was noted moderate to advanced central stenosis at that level. Upon evaluation on 10/28/2013, the patient had complaints of right leg pain and right buttock pain. Upon physical examination, the patient was noted to have decreased range of motion to the lumbosacral spine region and noted to have grade 5, equal and symmetrical bilateral muscle strength in the lower extremities. The treatment plan was noted to seek authorization for a right transforaminal L4-5 therapeutic epidural injection and followup after the injection had been performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal L4-L5 therapeutic Epidural Injection (64483): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The documentation submitted for review indicated the patient had a disc protrusion at the L4-5 level. It is additionally noted upon physical examination, the patient was noted to have radiating pain to the right buttock and right lower extremity. The California MTUS Guidelines recommend the use of epidural steroid injections in patients who have noted findings of radiculopathy that are corroborated by physical examination and imaging studies. The documentation submitted for review did not have physical examination findings that corroborated with radiculopathy. There was no documented decreased sensation, decreased motor strength, depressed deep tendon reflexes, nor was there a positive straight leg raise. Furthermore, the guidelines recommend the use of epidural steroid injections in patients who are initially unresponsive to conservative treatment. The documentation submitted for review did not indicate the patient had participated in conservative treatment to include physical therapy or another physical modality. Given the information submitted for review, the request for a right transforaminal L4-5 therapeutic epidural injection (██████) is non-certified