

Case Number:	CM13-0055718		
Date Assigned:	12/30/2013	Date of Injury:	07/30/2000
Decision Date:	03/21/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 47-year-old male who was injured on July 30, 2000, after losing his balance and falling. He has not had any physical therapy since July 2013. Prior treatment history has included 15 physical therapy visits. Diagnostic studies reviewed include an MRI of the lumbar spine without contrast performed on February 13, 2013 that revealed a concentric broad-based bulge (4mm), which in conjunction with facet hypertrophy and ligamentum flavum laxity produces moderate-severe central canal narrowing and severe bilateral neural foraminal narrowing at L3-4. At L4-5, there was a concentric broad-based bulge (2mm), which in conjunction with facet hypertrophy and ligamentum flavum laxity produces moderate central canal narrowing and severe bilateral neural foraminal narrowing. At L5-S1, there was a concentric broad-based bulge (2mm), which in conjunction with facet hypertrophy and ligamentum flavum laxity produces no central canal narrowing, severe right neural foraminal narrowing, and moderate-severe left neural foraminal narrowing. A clinic note dated October 30, 2013 documented the objective findings on exam included that the lumbar spine range of motion (ROM) in flexion was 75% normal. Extension was absent; lateral flexion, left to right, was absent; rotation, left to right, was absent. The lower extremities straight leg raising (SLR) test on the left side was 90 degrees and the right side was limited to 75 degrees. The knee and ankle reflexes were brisk. One (1) lumbar epidural corticosteroid injection was recommended for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for one (1) lumbar epidural corticosteroid injection: 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: According to the California MTUS chronic pain medical treatment guidelines, epidural steroid injections are recommended as an option for treatment of radiculopathy, which must be documented by physical examination and corroborated with imaging studies or electrodiagnostic testing. The patient complains of low back and hip pain with bilateral lower extremity numbness. There is mention of right lower extremity pain, but no specifics were provided. Physical examination is remarkable for decreased ROM and positive bilateral SLR, but there is no mention of decreased sensation, weakness, or abnormal reflexes. Motor strength, sensation, and reflexes were noted to be normal at one point. The lumbar MRI shows multilevel neuroforaminal narrowing, but there is no mention of nerve impingement. There is no clear radiculopathy in this case by history, examination, or diagnostics. Medical necessity has not been established. The lumbar epidural corticosteroid injection is non-certified.