

Case Number:	CM13-0060453		
Date Assigned:	12/30/2013	Date of Injury:	07/15/2010
Decision Date:	05/19/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/03/2013

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, 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:

This is a 47-year-old gentleman was injured on 07/15/10. Clinical records for review include a 10/10/13 clinical report indicating continued complaints of pain about the low back. There was radiating pain noted to the right buttock, lateral hip and right ankle. Physical examination findings performed on that dated showed 5/5 motor strength, equal and symmetrical lower extremity reflexes and no evidence of a sensory deficit. The claimant was diagnosed at that time with lumbosacral neuritis, lumbar disc displacement and degenerative disc disease. Formal documentation of lumbar imaging is not noted. At present, there is current request for epidural steroid injection to be performed at the left and right L5-S1 level under fluoroscopic guidance and monitored anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR CATHETER DIRECTED EPIDURAL STEROID INJECTION LEFT & RIGHT L5-S1 UNDER FLUOROSCOPIC AND MONITORED ANESTHESIA @

[REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI).

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

Decision rationale: Based on California MTUS guidelines, epidural injection at the L5-S1 level to be performed bilaterally would not be supported. The California MTUS guidelines clearly indicate that radiculopathy must be documented by both physical examination and corroborated by imaging studies and/or electrodiagnostic testing. While imaging is unavailable for review, there is currently no documentation of a radicular process on examination. This would fail to support the need for an L5-S1 epidural injection as requested.