

Case Number:	CM13-0062472		
Date Assigned:	12/30/2013	Date of Injury:	04/06/2010
Decision Date:	06/02/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/06/2013

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:

The patient is a 63 year old male with date of injury 04/06/2010. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 11/04/2013, lists subjective complaints as low back pain and leg pain, which is getting worse. The patient denied any significant radicular symptoms. Objective findings: Examination of the lumbar spine revealed a decreased range of motion. Flexion was 50 degrees, extension 10 degrees, right and left lateral bending 35 degrees with hypertonicity throughout the paravertebral musculature, bilaterally. There was also hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature with tenderness along the dermatome level at L3, L4, and L5. Diagnosis: 1. Status post right shoulder arthroscopic surgery 2. Lumbar spine strain/sprain; herniated lumbar disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DISC HERNIATION WITH RADICULOPATHY WITH EPIDUROGRAM:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: The sensory exam performed during the recent office visit showed hypoesthesia at the anterior lateral aspect of the foot and ankle of an incomplete nature with tenderness along the dermatomal levels L3, L4, and L5, which did not correspond to the lumbar MRI. The ambiguous nature of the request, which does not correspond well with the examination and previous studies precludes authorization of the 2 level lumbar epidural steroid injection and imaging study. Documentation supporting the request is lacking. The request is not medically necessary and appropriate.