

Case Number:	CM13-0062586		
Date Assigned:	12/30/2013	Date of Injury:	06/12/2013
Decision Date:	04/11/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine & 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 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 44-year-old male who reported an injury on 06/12/2013. The mechanism of injury was noted to be the patient was lifting a box. The patient had an MRI of the lumbar spine on 10/21/2013 which revealed at L4-5, there was a small broad based left paracentral disc protrusion slightly extending into the exit zone of the left neural foramen contributing to a mild central canal stenosis and a mild subarticular lateral recess stenosis. The facet joints were maintained and there was minimal capsule distention bilaterally. Physical examination revealed the patient had constant back pain with radiation into the left lower extremity with any activity. The motor strength was 5/5. The straight leg raise was positive on the left at 70 degrees and negative on the right at 80 degrees. The patient's diagnosis was noted to be lumbar radicular syndrome. The treatment plan was noted to be a left sided L4-5 selective nerve root block on a diagnostic and potentially therapeutic basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Foramen epidural steroid injection: 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 Epidural Steroid Injection Page(s): 46.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines recommend for an epidural steroid injection, radiculopathy must be documented by objective physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review indicated the patient's motor examination was 5/5. The straight leg raise was positive on the left; however, there was a lack of documentation indicating radiation of pain with the straight leg raise. The patient's MRI indicated they had mild central canal stenosis and narrowing of the left subarticular lateral recess. However, there was a lack of documentation indicating the patient had nerve root impingement to support the necessity for an epidural steroid injection. Additionally, the request as submitted failed to indicate the level and laterality for the injection. Given the above, and the lack of clarity, the request for foramen epidural steroid injection lumbar spine is not medically necessary.