

Case Number:	CM13-0062705		
Date Assigned:	12/30/2013	Date of Injury:	12/28/2010
Decision Date:	08/18/2014	UR Denial Date:	11/25/2013
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 and Rehabilitation, has a subspecialty in Interventional Spine 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 52 year-old male with a date of injury of 12/28/2010. The patient presents with low back pain, radiating down to the right hip, right thigh and/or right calf. An MRI of the lumbar spine from 04/19/2013 showed 3mm disc bulge with mild foraminal narrowing and bilateral facet hypertrophy at L5-S1. There are no focal or motor deficits. He has 5/5 motor examination. He has mild tenderness to palpation over his lumbar spine with straight leg raising. According to [REDACTED] report on 08/13/2013, the diagnostic impression is disc degeneration of the lumbar spine status post microscopic discectomy. [REDACTED] requested a lumbar epidural steroid injection at L5-S1. The utilization review determination being challenged is dated on 11/25/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 08/13/2013 to 11/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: A review of the reports does indicate that the patient did have ESIs in 2012, but reports do not show the location of the ESI or how the patient responded to the treatment. MTUS Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/ or electro diagnostic testing. In this case, the physician did provide MRI findings revealing a disc bulge at L5-S1, but the examination does not show any sensory or neurologic deficits in a specific nerve root distribution that would corroborate the patient's reported leg pain. As such, the request is not medically necessary.