

Case Number:	CM13-0063242		
Date Assigned:	12/30/2013	Date of Injury:	12/03/2012
Decision Date:	04/15/2014	UR Denial Date:	11/21/2013
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 Family Practice, 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 49-year-old male who reported an injury on 12/03/2012. The mechanism of injury was not provided in the medical records. The patient's diagnosis is lumbar radiculopathy and chronic pain. His symptoms are noted to include low back pain with radiation to the left lower extremity. His pain was described as radiating down the front of his legs to the tops of his feet. His physical examination findings were noted to reveal normal sensation in the bilateral lower extremities, normal motor strength in the bilateral lower extremities, and a positive straight leg raise on the left side. It was noted that the patient had previously failed conservative treatment. It was noted that the patient had received a previous epidural steroid injection on 10/01/2013. It was noted that the patient had reported a positive response and the recommendation was made for a repeat lumbar epidural steroid injection at the left L4-S1 level. His treatment plan was also noted to include continued participation in a home exercise program. His MRI of the lumbar spine on 05/01/2013 was shown to reveal a 2 to 3 mm central disc bulge at the L4-5 level which appeared to abut the descending L5 nerve roots bilaterally and no evidence of protrusion or bulge at the L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION FOR LEFT L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS).

Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections may be recommended for patients with documentation of radiculopathy on physical examination and corroboration by imaging studies and/or electrodiagnostic testing. The patient's recent physical examination findings failed to include evidence of radiculopathy as he was noted to have normal sensation, noted to have normal sensory and motor strength exams in his bilateral lower extremities. Additionally, his MRI was noted to have revealed a disc bulge and narrowing at the L4-5 level with possible contact with the L5 nerve roots; however, his L5-S1 level was noted to be normal. Therefore, the request for epidural steroid injections at the L4-S1 levels is not supported. Additionally, despite the documentation that the patient received a positive response to his previous injection, as well as functional improvement for 1 month, the guidelines require documentation of at least 50% pain relief with associated reduction of medications for 6 to 8 weeks. Therefore, due to the lack of neurological deficits upon physical examination, lack of pathology at the L5-S1 level, and lack of details regarding the patient's response to previous injection, the request is not supported.