

Case Number:	CM13-0067198		
Date Assigned:	01/03/2014	Date of Injury:	10/17/2001
Decision Date:	05/21/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 injured worker is a 45-year-old male who reported an injury on 10/17/2001. The mechanism of injury was not provided in the medical records. The injured worker had complaints of ongoing pain that radiated into the buttocks and legs with foot numbness. In review of the MRI, the injured worker was noted to have moderate lumbar stenosis at the L4-5 and L5-S1 level. There was also numbness extending into the L3-4 level. The injured worker was diagnosed with spinal stenosis, lumbar region, without neurogenic claudication. Past medical treatment included epidural steroid injections at the L5-S1 level and oral medications. Diagnostic studies included an MRI of the lumbar spine on 10/18/2013. On 11/25/2013, a request for a lumbar epidural steroid injection at the L4-5 level was made. A rationale for the requested treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS 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: According to the California Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain for patients who are initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants). The guidelines also state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted for review indicated the injured worker had a previous steroid injection at the L5-S1 level; however, documentation of the efficacy was not provided. An official MRI of the lumbar spine revealed moderate spinal canal stenosis without discrete nerve root impingement at the L4-5 level. The documentation failed to provide evidence of radiculopathy upon physical examination. In the absence of documented objective findings upon examination, corroborated by positive nerve impingement upon MRI, the request is not supported. Additionally, the request as submitted fails to specify laterality. Therefore, the request is not supported. Given the above, the request for lumbar epidural steroid injection at L4-5 is non-certified.