

Case Number:	CM13-0067960		
Date Assigned:	01/03/2014	Date of Injury:	01/07/2013
Decision Date:	04/15/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 56 year old male who was injured on 01/07/2013 while working as a farmer. He was twisting while bending and lifting of the heavy frozen chicken material. Prior treatment history has included pain medications and chiropractic adjustments. His pain has been much less since using the TENS unit. Diagnostic studies reviewed include MRI of the lumbosacral spine performed on 10/15/2013 revealed mild right side paracentral lateral disk protrusion and disk bulge on the left side too. PR2 dated 11/06/2013 documented the patient to have complaints of pain and radiation to the leg as well as numbness and tingling. Objective findings on exam revealed he was walking with an antalgic gait and a slow pace. He had focal tenderness on the right side SI joint and sacral promontory and mild diffuse tenderness at the lumbosacral paraspinal muscle region; deep tendon reflexes are 2+. He has altered sensation in the L5 and S1 dermatomal distributions on the right side of the back. His sitting slump test and SLR is positive on the right side. The patient was diagnosed with iliolumbar strain, lumbosacral strain, lumbosacral disk degenerative disease, and L5-S1 radiculopathy on the right side

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) LUMBAR EPIDURAL STEROID INJECTION AT LEFT L5-S1, WITH FLUOROSCOPY, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/> Low Back; Table 2, Summary of Recommendations, Low Back Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs),.

Decision rationale: This is a request for left-sided ESI. As noted on the prior review, this appears to be a request for the wrong side as the employee has only right-sided symptoms and right-sided exam findings. Right-sided ESI apparently was also already authorized. Therefore, lumbar ESI at Left L5-S1 is non-certified