

Case Number:	CM13-0067993		
Date Assigned:	01/03/2014	Date of Injury:	08/17/2010
Decision Date:	05/06/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/18/2013

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 Orthopedic Surgery 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 claimant is a 38-year-old gentleman who was injured in a work related accident on August 17, 2010. The records for review documented an injury to the low back. A progress report dated November 13, 2013 documented the claimant had subjective low back complaints and objective findings included positive left sided straight leg raise with restricted range of motion, weakness to the left lower extremity with hip flexor and knee extension testing. There were equal and symmetrical reflexes. The claimant was diagnosed with lumbar radiculitis, insomnia and stress. The plan was for a prescription for a lumbar orthotic brace as well as request for two level bilateral L4-5 and L5-S1 epidural steroid injections. A review of imaging reports included a lumbar MRI from September 21, 2013 that showed at the L4-5 level a disc bulge and minimal foraminal narrowing with no compressive pathology. The L5-S1 level showed loss of disc height and a lateral left sided disc protrusion resulting in contact on the exiting left S1 nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural block at bilateral L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 49.

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

Decision rationale: The MTUS Chronic Pain 2009 Guidelines do not support epidural injection at the two levels requested bilaterally. Based upon the records provided for review, there is no indication of compressive pathology at the claimant's L4-5 level. The claimant's L5-S1 level has only left sided compressive pathology. Chronic Pain Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The lack of clinical coordination between the bilateral requested injections at the L4-5 and L5-S1 levels and the claimant's imaging and physical examination findings fails to support the request for epidural steroid injections bilaterally at two levels.

Lumbar spine orthotic:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9,298,301.

Decision rationale: The ACOEM Guidelines do not support the use of bracing in the chronic setting given the claimant's current working diagnosis. The claimant does not have any imaging indications of structural instability, fracture, or postsurgical setting that would necessitate the acute need for bracing. ACOEM Guidelines state that there is no indication of long term benefit with the use of bracing in the chronic setting. The specific request in this case would not be indicated.