

Case Number:	CM13-0068782		
Date Assigned:	01/03/2014	Date of Injury:	08/22/2011
Decision Date:	05/23/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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 & 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 29-year-old female with a date of injury of 08/22/2011. According to report dated 11/21/2013 by [REDACTED]. The patient presents with neck, upper, and low back pain. The lower back pain travels to both legs which she describes as sharp. She rates the pain as a 10/10 on the pain scale. There is also numbness and tingling. The pain described is without medication as she has not taken her medication this date. Examination of the lumbar spine revealed Bechterew's test, Valsalva, Kemp's/facet, and Milgram's test are all positive on both sides. Toe walk is negative on both sides. Heel walk is positive on the right and negative on the left. Extradural involvement/sciatica tension is positive bilaterally. Straight leg raise test for pain along the sciatic distribution is positive bilaterally. The patient has noted sensory deficit at the medial hip and anterior upper thigh on the right with distorted superficial tactile sensibility corresponding to the L2 to S2 dermatome. At levels L3-L4, L4-L5, and L5-S1, palpation reveals moderate paraspinal tenderness bilaterally, right greater than left. Range of motion is decreased in all planes. MRI of the lumbar spine dated 03/07/2013 revealed fatty infiltration of the paraspinal muscle noted at L4-L5 and L5-S1 levels. L3-L4, L4-L5, and L5-S1 showed diffuse disk protrusion with effacement of the thecal sac. Nerve roots are unremarkable. Disk measurements are between 1.3 mm and 2.7 mm. The treating physician recommends the patient undergo her first diagnostic lumbar epidural steroid injection at disk levels L3-L4, L4-L5, and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L3-L4, L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46-47.

Decision rationale: The MTUS Guidelines recommend epidural injection as an option for treatment of radicular pain defined as pain in a dermatomal distribution with corroborative findings on radiograph studies. In this case, as documented in the treatment plan on progress report from 11/21/2013, the treating physician is requesting an ESI for the lumbar spine and a facet joint block at the same levels. The treating physician states there is documentation of lumbar pain that is non-radicular and requests both ESI and a facet joint block. In this case, the treating physician describes radicular pain on the physical examination. However, the treatment plan notes that the patient has lumbar pain that is non-radicular. In addition, the treating physician is requesting 3 levels and MTUS recommends no more than 2 levels to be injected at a time. Recommendation is for denial.