

Case Number:	CM13-0069200		
Date Assigned:	01/03/2014	Date of Injury:	08/27/2012
Decision Date:	04/22/2014	UR Denial Date:	12/05/2013
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 Pain Medicine 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 27-year-old male who reported an injury on 08/27/2012 from a fall. The 04/19/2013 clinic note reported a complaint of low back pain with radiation down the thighs bilaterally with numbness, rated 4/10 to 8/10. He had 1+ reflexes to the right knee and Achilles with decreased sensation, tenderness to the paralumbar muscles, and positive Waddell's sign. The note stated his EMG, MRI, and CT scans were negative. The patient stated he had no interest to have ESI and wanted to live with the pain. The 04/26/2013 clinic note reported lumbar range of motion described as 75 degrees upon flexion, 5 degrees extension, and 15 degrees bending bilaterally. He had tenderness to palpation to the paraspinal muscles at L4, L5, and S1 with sensation to the right lower extremity. He had 4+/5 strength to the right ankle with 1/4 reflexes and positive Waddell's sign. The note stated the CT scan revealed pars intra-articular deficit and a herniated disc at L4-5, and the MRI revealed spondylolisthesis which was isthmic at L5-S1. The note stated the patient had failed to respond to physical therapy. He was recommended for epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERLAMINAR EPIDURAL STEROID INJECTION AT L4-L5 UNDER FLUOROSCOPY: 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 Page(s): 46.

Decision rationale: California MTUS states epidural steroid injections may be indicated when radiculopathy is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing in conjunction with failed responses to conservative treatment. The documentation submitted states the patient has failed physical therapy treatments; however, it did not provide objective evidence of how many sessions the patient completed or outcomes from those sessions. As such, the request is non-certified.