

Case Number:	CM14-0000039		
Date Assigned:	01/17/2014	Date of Injury:	03/07/2013
Decision Date:	06/13/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/31/2013

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, 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 24-year-old male with date of injury of 3/7/13. The listed diagnoses per [REDACTED] are herniated lumbar discs at L3-L4 and L4-L5, and bilateral left greater than right lumbar radiculitis. According to the medical records provided for review, the patient complains of low back pain. He also reports bilateral buttock and leg pain which is more severe on the left than on the right. The examination of the thoracolumbar spine shows marked and diffuse tenderness. Thoracolumbar flexion is limited by pain and voluntary guarding at approximately 50 degrees. Straight leg raising is positive on the left at 45 degrees with low back pain that radiates into the left buttock. Straight leg raise is positive on the right at 60 degrees with low back pain. Deep tendon reflexes are 2+ and symmetrical. The patient does demonstrate some mild weakness of the left extensor hallucis longus which is 3/5 to 4/5. Strength in the right lower extremity appears to be within normal limits. The MRI report dated 9/9/13 shows a 4 mm midline disk bulge indenting the anterior portion of the lumbosacral sac to L3-L4 and a 4 mm midline disk bulge indenting the anterior portion of the lumbosacral sac at L4-L5.

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 L3-L4 AND L4-L5: Overturned

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that epidural steroid injections are recommended as an option for the treatment of radicular pain, though no more than two nerve root levels should be injected using transforaminal blocks. The MRI report dated 9/9/13 shows a 4 mm midline disk bulge at L3-L4 and L4-L5 indenting the anterior portion of the lumbosacral sac. Examination from 11/11/13 showed positive straight leg raises bilaterally with some weakness of the distal muscles. The patient has not had prior injection(s). The patient presents with significant radicular symptoms (although not described in dermatomal distribution), positive exam, and an MRI that shows significant disc measuring 4 mm that can result in irritation of the nerve roots. A trial of lumbar epidural steroid injections appears reasonable and consistent with MTUS guidelines. As such, the request is medically necessary.