

Case Number:	CM14-0001715		
Date Assigned:	01/22/2014	Date of Injury:	08/23/2007
Decision Date:	08/18/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/06/2014

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 Rehabilitation & Pain Management 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 69 year-old male with the date of injury of 08/23/2007. The patient presents with low back pain, including axial and radicular pain in both of his legs. The axial pain is worse over the left-sided sacroiliac joint. He had a diagnostic injections of the sacroiliac joints in 2013 with much benefit, but he has not had Lumbar epidural steroid injection. According to [REDACTED] report 05/14/2013, diagnostic impressions are: 1. Multilevel lumbago with radiculopathy, bilateral. 2. Sacroiliac joint and facet joint arthropathy 3. Multi-level cervicalgia with radiculopathy. 4. Extensive myofascial syndrome. 5. Cervicogenic headaches. 6. Reactive sleep disturbance. 7. Reactive depression. 8. Repeated falls. [REDACTED] requested for a lumbar epidural steroid injection. The utilization review determination being challenged is dated on 12/09/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 05/14/2013 to 11/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR ESL(EPIDURAL STEROID INJECTION): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections(ESL).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: The patient presents with low back pain and significant left sacroiliac joint pain, left side worse than right. He is completely disabled. The request is for Lumbar epidural steroid injection (L-ESI) and no levels indicated. Review of the reports does not indicate that the patient had L-ESI in the past. The provocative tests, including the pelvic compression test, the seated flexion test and the pelvic rock test, have produced positive provocation tests. No positive other findings including straight leg raise is found. MTUS guidelines state that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/ or electrodiagnostic testing In this case, the treater does not provide MRI findings that shows any nerve root lesions; the patient does not present with radicular symptoms to suggest radiculopathy and examination is benign for radiculopathy. The request is not medically necessary.