

Case Number:	CM14-0003162		
Date Assigned:	01/31/2014	Date of Injury:	06/28/2013
Decision Date:	08/18/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/09/2014

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 Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 38 year old male with a work injury dated 6/28/13. The diagnoses include low back pain. Under consideration is a request for an L4-L5 interlaminar epidural steroid injection. There is a primary treating physician (PR-2) document dated 11/13/13 that states that the patient has ongoing low back pain. He has had some sessions of PT with a little bit of improvement. He brought in his MRI to review. On exam there is tenderness to lumbar paraspinal muscles with bilateral positive leg lifts. An MRI of his lumbar spine from 10/15/2013 showed a small posterior disc at L4-L5. There is moderate sized extruded disk at L3-L4 mostly centrally located. The foramen bilaterally L5-S1 are tight. The treatment plan includes a refill of meds. There is a request for more physical therapy as he is having some improvement and also a request for an L4-5 interlaminar epidural steroid injection. The 12/12/13 office document physical exam objective findings reveal no significant change. An 11/51/13 lumbar MRI reveals: I. Mild broad-based central disc protrusion L3-4. Mild broad-based left paracentral disc protrusion L4-5. Mild broad-based central to right lateral disc protrusion at L5-S1 with mild to moderate bilateral foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 INTERLAMINAR EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 45.

Decision rationale: An L4-L5 interlaminar epidural steroid injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted does not reveal that the patient's physical exam has a dermatomal specific distribution of pain with corroborative findings of radiculopathy on imaging or electrodiagnostic testing. Furthermore the guidelines states that the patient should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The documentation indicates that the patient is receiving some improvement with PT and additional PT is requested. For these reasons the request for an L4-L5 interlaminar epidural steroid injection is not medically necessary.