

Case Number:	CM14-0009797		
Date Assigned:	02/21/2014	Date of Injury:	01/27/2012
Decision Date:	06/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine 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 32-year-old male, with a date of injury of 1/27/12. He has developed persistent low back pain. A lumbar MRI on 9/27/13 revealed an L5-S1 posterior disc bulge. No nerve root compression or traction was noted. A physical exam reveals a non-antalgic gait and there are negative sciatic nerve stretch signs. There is no muscle weakness. There is reported to be patchy sensation loss at the L5-S1 area. What the L5-S1 area refers to is not documented in the narratives. There is a request for bilateral epidurals to be performed under anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION FOR THE BILATERAL L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

Decision rationale: The Chronic Pain Guidelines are very specific regarding appropriate candidacy for epidural injections. A verifiable radiculopathy should be present, which does not appear to be present. The usual confirmatory finding (+ stretch test and muscle weakness are absent). Also, the MRI is not supportive as there is a disc protrusion by no compression or nerve

root traction is noted. The reported findings of a patchy L5-S1 sensation loss is difficult to access. An L5-S1 disc would be expected to affect the S1 nerve root, which has a specific distribution. A consistent lack of sensation should match this distribution and it is unclear if a "patchy" loss has any significance, given the lack of other supportive findings. The request is not medically necessary.