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| Case Number: | CM14-0103406 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 02/26/2014 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 06/26/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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 & 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 41 year old male with an injury date of 02/26/14. Based on the 05/28/14 progress report provided by [REDACTED] the patient complains of back and bilateral leg pain rated 7-8/10. Patient presents with antalgic gait. Physical examination reveals lumbosacral spine to be extremely tender to palpation. Straight leg raise test negative bilaterally. Decreased left hip flexion and left knee extension. Sensation to left lower extremity is globally diminished. Diagnosis 05/25/14 are Lumbar strain, Lumbar disc herniation L5-S1, Cervical sprain/strain, Right knee pain, Left shoulder pain. MRI Lumbar Spine on 03/19/14 per provider report dated 05/28/14 showed degenerative disc at L5-S1 more than L3-4 and herniated nucleus pulposus L5-S1. [REDACTED] is requesting Epidural Steroid injection TFE - Bilateral L5-S1 x1. The utilization review determination being challenged is dated 06/26/14. The rationale is "there is no documentation of nerve root compromise on advanced imaging." [REDACTED] is the requesting provider, and he provided treatment reports from, 03/10/14 - 09/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection- TFE- Bilateral L5-S1 x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 300; 309.

Decision rationale: The patient complains of back and bilateral leg pain rated 7-8/10. The request is for Epidural Steroid injection TFE - Bilateral L5-S1 x1. Patient's MRI of the Lumbar Spine dated 03/19/14 reveals degenerative disc and herniated nucleus pulposus at L5-S1. Per ACOEM Guideline, Page 309 table indicates "Epidural corticosteroid injections for radicular pain, to avoid surgery as an optional treatment." Page 300 states "although epidural steroid injections may afford short-term improvement in leg pain with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery." Per provider is no documentation that this herniation is causing the patient's leg symptoms. Examination was also negative for SLR's, and motor/sensory changes were not in a specific nerve root distribution. MTUS requires a clear documentation of radiculopathy for a trial of ESI. Therefore, this request is not medically necessary.