

Case Number:	CM14-0108087		
Date Assigned:	08/01/2014	Date of Injury:	03/03/2014
Decision Date:	09/29/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 51-year-old male who has submitted a claim for lumbar disc displacement without myelopathy associated with an industrial injury date of 03/03/2014. Medical records from 2014 were reviewed, which showed that the patient complained of left trapezius, left shoulder and neck pain. He continues to have spasms in his left trapezius and cervical paraspinous region. He also has severe back and left leg pain. There is numbness and tingling in the lower aspect of the left leg in the L5 distribution. Physical examination of the lumbar spine revealed sensation is decreased in the dermatome(s) of left L5. Straight leg raise test is positive on left. Spasm and guarding was also noted on the lumbar spine. MRI of the lumbar spine, dated 04/21/2014, showed broad-based disc protrusion at L4-L5 with a small annular tear without any nerve root impingement or spinal stenosis. Treatment to date has included medications and physical therapy. Utilization review from 06/26/2014 denied the request for LESI because reviewer found the treatment unnecessary in the absence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI L4-5 w/Fluoroscopic Guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Epidural Steroid Injections Page(s): 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, research has now shown that LESI is recommended as a possible option for short-term treatment of radicular pain (defined as pain dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. In this case, the patient has been having severe low back and leg pain. There was also associated numbness and tingling in the left leg, L5 distribution. Physical exam findings of decreased sensation along the dermatomes of L5 and a positive straight leg raise test are indicative of radiculopathy. However, MRI of the lumbar spine dated 04/21/2014 showed broad-based disc protrusion at L4-L5 with a small annular tear. There was no evidence of nerve root impingement or compromise. Guideline criteria were not met. Therefore, the request for Lumbar ESI L4-5 w/Fluoroscopic Guidance is not medically necessary.