

Case Number:	CM14-0013763		
Date Assigned:	02/26/2014	Date of Injury:	09/03/2013
Decision Date:	07/11/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 40-year-old male who has submitted a claim for lumbosacral sprain/strain, lumbar spinal stenosis, and lumbar radiculopathy; associated with an industrial injury date of 09/03/2013. Medical records from 10/29/2013 to 01/10/2014 were reviewed and showed that patient complained of increased back pain, with associated numbness in the legs. Physical examination showed that patient walked in a guarded manner, was slow to get up and down from a sitting position. Tenderness was noted over the lumbar spine. Tension sign bilateral back pain. Range of lumbar spine motion was limited by pain. Reflexes and motor strength were normal. Numbness and tingling were noted in the bilateral lower extremity. MRI of the lumbar spine, dated 10/29/2013, showed moderate right and mild left neural foraminal stenosis but no neural impingement at the level of L4-L5; and moderate severe bilateral neural foraminal stenosis with slight impingement on both L5 nerve roots. Treatment to date has included medications and physical therapy. Utilization review, dated 01/24/2013, denied the request for epidural steroid injections because there was no documentation of clinical findings to support a nerve root pathology as described in the most recent MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION: L4-5 & L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. In this case, the patient complains of back pain accompanied by radicular symptoms despite previous physical therapy and oral medications. On physical exam, positive tension sign and numbness over the bilateral lower extremities were noted. MRI of the lumbar spine, dated 10/29/2013, revealed moderate right and mild left neural foraminal stenosis at the level of L4-L5; and moderate severe bilateral neural foraminal stenosis with slight impingement on both L5 nerve roots. ESI is a reasonable option at this time; however, the request failed to specify the intended laterality for injection. The request is incomplete; therefore, the request for LUMBAR EPIDURAL STEROID INJECTION: L4-5 & L5-S1 is not medically necessary.