

Case Number:	CM14-0013805		
Date Assigned:	02/21/2014	Date of Injury:	05/01/2006
Decision Date:	08/05/2014	UR Denial Date:	01/22/2014
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 and 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:

This is a 57-year-old male with a May 1, 2006 date of injury to his lumbar (L) spine secondary to cumulative trauma. Electrodiagnostic studies from 2009 revealed mild right L5 radiculopathy. He was most recently seen on January 13, 2014 with ongoing complaints of low back pain with radiation to the right lower extremity (RLE) with occasional numbness in the distal posterolateral RLE. The patient denied any weakness. Exam findings revealed a non antalgic gait, tenderness over the lumbar paraspinal muscles and piriformis, pain on lumbar motion (no decreased range of motion was identified). Sensation, strength, and reflexes were normal and intact. Straight leg raise was negative. MRI L spine December of 2012: very mild bilateral foraminal narrowing at L3/4 and L4/5; degenerative changes at L3-S1; L5/S1 broad based disc bulge with no evidence of significant narrowing of the central canal or neural foramina. Treatment to date: medications, home exercise program. A UR decision dated January 22, 2014 denied the request given there were no clinical findings of radiculopathy consistent with the patient's MRI findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (LESI) at the right L4-L5 and L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's (Epidural Steroid Injections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines (Epidural Steroid Injections page 46) Page(s): 46.

Decision rationale: The Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines and the Chronic Pain Medical Treatment Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, California Medical Treatment Utilization Schedule (MTUS) Guideline criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. This is a 57-year-old with a 2006 date of injury. A recent MRI of the L spine reveals no significant canal or foraminal stenosis. An EMG (electromyogram) from 2009 revealed a mild right L5 radiculopathy, but there are no objective neurological findings on exam. There is no mention of any other conservative measures to reduce the patient's pain except for medications. The request for an LESI at L4-L5 and L5-S1 is not medically necessary or appropriate.