

Case Number:	CM14-0015319		
Date Assigned:	02/28/2014	Date of Injury:	06/21/2013
Decision Date:	11/24/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/06/2014

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:

Patient is a 45 year-old male with date of injury 06/21/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 12/27/2013, lists subjective complaints as pain in the low back. MRI of the lumbar spine performed on 07/29/2013 was notable for L5-S1 mild disc degeneration with 5mm anterolisthesis and circumferential osteophytes and a right paracentral 4-5mm disc protrusion impinging upon the traversing right S1 nerve root. Moderate facet arthropathy was noted and there was a mild degree of central canal narrowing without central stenosis. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral musculature with guarding and spasm. Range of motion was decreased. Positive Kemp's test bilaterally. Diagnosis: 1. L5-S1 restrolisthesis 6mm 2. L5-S1 4mm disc protrusion 3. Right hand strain and sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI) UNDER FLUOROSCOPIC GUIDANCE, L5-S1 ON RIGHT SIDE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE GUIDELINES, 12- LOW BACK COMPLAINTS,

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

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The patient's lumbar MRI and physical examination satisfied criteria for an epidural steroid injection. I am reversing the previous utilization review decision.