

Case Number:	CM14-0110384		
Date Assigned:	08/01/2014	Date of Injury:	06/10/2011
Decision Date:	09/10/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/15/2014

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, 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 57 years old male with an injury date on 06/10/2011. Based on the 06/05/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar musculoligamentous injury. 2. Lumbar paraspinal muscle spasms, severe. 3. Lumbar disc herniations, severe. 4. Lumbar radiculitis/radiculopathy of the lower extremities. 5. Sacroiliitis of the left sacroiliac joint, progressing. According to this report, the patient complains of moderate to severe lower back pain associated with severe muscle spasms. The patient rated the pain as an 8/10. Pain is noted over the bilateral buttock radiating to posterior and lateral aspect of bilateral thigh with numbness and tingling. Lumbar range of motion is limited. Straight leg raise test, Gaenslen's test and Patrick Fabre test were positive. Deep palpation over the lumbar spinous process at level L4, L5 reproduced severe pain radiating to corresponding dermatome in both legs. MRI of the lumbar spine on 03/19/2013 reveals L3-L4: 4-5 mm left greater than right broad based posterior disc protrusion contributes to moderate to severe spinal canal stenosis with lateral recess stenosis and foraminal encroachment, L4-L5: 4.5-5mm right greater than left broad based posterior disc protrusion, moderate to severe foraminal encroachment and spinal canal stenosis, and L5-S1: facet joint arthropathy, right postero-lateral disc protrusion with moderate right foraminal encroachment. MRI report was not provided in the file for review. Nerve conduction studies of the bilateral lower extremity on 01/03/2014 results "were within normal limits." There were no other significant findings noted on this report. [REDACTED] is requesting lumbar epidural steroid injection L4-L5 and L5-S1 under fluoroscopy guidance. The utilization review denied the request on 07/08/2014. [REDACTED] is the requesting provider, and provided treatment reports from 01/03/2014 to 06/06/2014.

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 under Fluoroscopy Guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 07/03/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: According to the 06/05/2014 report by [REDACTED] this patient presents with severe lower back pain associated with severe muscle spasms. The treating physician is requesting lumbar epidural steroid injection at L4-L5 and L5-S1 under fluoroscopy guidance. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of the reports does not show any evidence of other epidural steroid injections being done in the past. This patient presents with significant leg symptoms described in dermatomal distribution. MRI showed disc herniation and examination is positive for SLR. Requested treatment is medically necessary.