

Case Number:	CM14-0129732		
Date Assigned:	08/22/2014	Date of Injury:	11/01/2013
Decision Date:	10/01/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/14/2014

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:

The patient is a 31-year-old male who has submitted a claim for Displacement of lumbar intervertebral disc without myelopathy associated with an industrial injury date of November 1, 2013. Medical records from 2014 were reviewed, which showed that the patient complained of Electrodiagnostic studies done on 4/15/14 showed normal results. An MRI dated 3/3/14 show disc protrusion asymmetric to the left at L5-S1. There was mild encroachment on the left S1 nerve root and moderate-to-severe foraminal stenosis on the left with encroachment on the left L5 nerve root. There was some foraminal narrowing on the right side. There was also a disc bulge at L4-L5. Physical examination revealed local tenderness, limited ROM and markedly positive root tension sign in the left lower extremity while supine. SLR test was positive on 40 degrees on the left side and 50 degrees on the right side. Patient had a hypoactive left knee and ankle reflexes and decreased sensation over the top of the left foot and lateral left leg and the L5 dermatome. Treatment to date has included medications and physical therapy. Utilization review from July 11, 2014 denied the request for Treat Spinal Canal Lesion because there were no physical examination findings consistent with right radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TREAT SPINAL CANAL LESION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI'S).

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. In this case, two lumbar epidural steroid injections were recommended. They were to be at level L5-S1 bilaterally in a series of two injections. The patient presented with signs and symptoms of a radiculopathy on the left side: depressed reflexes, decreased sensation and positive imaging. However, there are no signs that support radiculopathy on the right side. There is no reason to perform ESI on the right side. Moreover, the request mentioned here does not even mention an epidural steroid injection. The request for "treat spinal cord lesion" is non-specific. It can mean injections, therapy, medications, or even surgery. Therefore, the request for TREAT SPINAL CANAL LESION is not medically necessary.