

Case Number:	CM14-0136052		
Date Assigned:	09/03/2014	Date of Injury:	10/28/2008
Decision Date:	10/06/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/25/2014

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 Nevada. 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 records presented for review indicate that this 52-year-old gentleman was reportedly injured on October 28, 2008. The most recent progress note, dated July 31, 2014, indicates that there are ongoing complaints of low back pain radiating to the lower extremities. Current medications include Norco, Tizanidine, and Neurontin. The physical examination demonstrated a positive bilateral straight leg raise test and decreased lumbar spine range of motion. There was decreased sensation over the lateral aspect of the foot and calf bilaterally as well as absent deep tendon reflexes at the ankle. Diagnostic imaging studies showed a disc protrusion at L5-S1 without evidence of nerve root impingement. Previous treatment includes a lumbar epidural steroid injection. A request had been made for a lumbar epidural steroid injection under anesthesia with epidurography of the lumbar spine and was not certified in the pre-authorization process on August 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar epidural steroid injection at the L5-S1 level under monitored anesthesia care and epidurography: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Epidural steroid injections (ESIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS Page(s): 46.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical record the findings of a radiculopathy on physical examination are not supported by objective findings on MRI. Considering this, the request for a lumbar spine epidural steroid at L5 - S1 is not medically necessary.