

Case Number:	CM14-0136813		
Date Assigned:	09/03/2014	Date of Injury:	07/20/2011
Decision Date:	10/20/2014	UR Denial Date:	08/13/2014
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, 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 31 year old male with an injury date of 07/20/11. Based on the 08/01/14 progress report by [REDACTED], the patient complains of lumbar and sciatic pain in the left gluteal area down his leg to calf and shin. Patient stands in a guarded fashion and cannot stoop without pain. Physical examination reveals that left straight leg raising is positive on the left at 30 degrees. He had about 20 chiropractic sessions in addition to physical therapy. Medications consist of Norco, Zanaflex and Motrin. Treater states patient has exhausted all conservative treatments including therapy, rest and oral medications, so the next step is to try an epidural steroid injection for both diagnostic and therapeutic purposes. MRI of the Lumbar Spine dated 03/06/14- large disc protrusion on the left side encroaching the L5 nerve- L5-S1 shows a right paracentral disc protrusion with disc desiccation. Diagnosis 08/01/14- L4-5 and L5-S1 disc desiccation and herniation- left lumbar sciatica pain. [REDACTED] is requesting Bilateral Steroid Injections at S1 X 2. The utilization review determination being challenged is dated 08/13/14. The rationale is "no clear evidence of radiculopathy and no EMG submitted." [REDACTED] is the requesting provider, and he provided treatment reports from 03/06/14 - 08/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Steroid Injections at S1 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: The patient complains of lumbar and sciatic pain in the left gluteal area down his leg to calf and shin. The request is for Bilateral Steroid Injections at S1 X 2. Per treater report dated 08/01/14, the patient has exhausted all conservative treatments including therapy, rest and oral medications, so the next step is to try an epidural steroid injection for both diagnostic and therapeutic purposes. MTUS has the following regarding ESI's, under its chronic pain section: Page 46,47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." Per treater report date 08/01/14, patient has exhausted all conservative treatments, so the next step is to try an epidural steroid injection. Diagnosis dated 08/01/14 includes left lumbar sciatica pain. MRI of the Lumbar Spine dated 03/06/14 reveals that L5-S1 shows a right paracentral disc protrusion with disc desiccation. The patient's left sciatic symptoms are supported by physical examination revealing straight leg raise to be positive on the left. However, diagnosis of left lumbar sciatica pain is not corroborated by MRI study, which shows disc protrusion to be on the right at L5-S1. The request does not meet MTUS criteria for the procedure. Recommendation is for denial.