

Case Number:	CM14-0138180		
Date Assigned:	09/05/2014	Date of Injury:	04/19/2013
Decision Date:	10/06/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/26/2014

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 & 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 60-year-old female with a date of injury of 04/19/2013. The listed diagnoses per [REDACTED] are: 1. Left knee injury. 2. Grade 1 degenerative anterolisthesis at L4 to L5. 3. Superior endplate compression at L2 and L3. According to progress report 06/26/2014, the patient continues to have severe low back pain which radiates anteriorly around the hips. Examination revealed tenderness to palpation across the low back. Range of motion not tested due to the possibility of a fracture. She has 1+ reflex of knees and ankles. Sensation is grossly intact and extensor hallucis longus (EHL) strength bilaterally is 4/5. Review of the MRI of the lumbar spine from 05/08/2014 indicates at level 4 to 5 there is a 5-mm degenerative anterolisthesis of L4 respect to L5. The provider is requesting a lumbar epidural injection under fluoroscopy at level L4-L5. Utilization Review denied the request on 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection under fluoroscopy at L4-L5: Upheld

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

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

Decision rationale: This patient presents with severe low back pain which radiates anteriorly around the hips. MRI of the lumbar spine revealed patient has grade 1 degenerative spondylolisthesis at L4 to L5 and an acute L2 superior end-plate fracture. The provider is requesting a lumbar epidural steroid injection under fluoroscopy at L4 to L5. The MTUS guidelines have the following regarding ESI under chronic pain section pages 46 and 47, "Recommended as an option for treatment of radicular pain (defined as pain in the dermatomal distribution with corroborative findings of radiculopathy)." In this case, MRI revealed 5-mm degenerative anterolisthesis at L4-L5, but there is no documentation of leg pain. For consideration of an ESI, MTUS requires documentation of dermatomal distribution of pain/paresthesia. Furthermore, no potential nerve root lesion is found on MRI. Recommendation is for denial.