

Case Number:	CM14-0139377		
Date Assigned:	09/05/2014	Date of Injury:	07/28/2011
Decision Date:	10/23/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/28/2014

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 38 year old with an injury date on 7/28/11. Patient complains of lower lumbar pain radiating into right lower extremity per 8/15/14 report. Based on the 8/15/14 progress report provided by [REDACTED] the diagnosis is right sciatica, L5-S1 disc protrusion and foraminal stenosis (confirmed by 6/6/14 MRI of L-spine). Exam on 8/15/14 showed "limited L-spine range of motion with 45 degrees of forward flexion. Decreased sensation in right lateral foot and a weak right calf." [REDACTED] is requesting lumbar epidural steroid injection. The utilization review determination being challenged is dated 8/15/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/20/13 to 8/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, criteria for the use of.

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

Decision rationale: This patient presents with lower back pain and right leg pain. The treater has asked for lumbar epidural steroid injection on 8/15/14. Review of the reports do not show any evidence of prior epidural steroid injections being done. MRI on 6/61/14 showed protrusion at L2-3 with likely impingement on L3 nerve root, and protrusion at L4-5 causing mild canal stenosis, but size of protrusion not noted. A prior MRI on 10/18/11 also noted protrusion at L4-5 without noting its size per 5/27/14 report. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, the patient has radicular pain down the right leg, exam findings of nerve dysfunction in the right foot/calf, and an MRI that shows a protrusion at L5-S1 but does not include the size of protrusion. Given that the patient has not tried an ESI in the past, a trial would appear reasonable given the patient's significant right leg symptoms, disc protrusion at L4-5 and positive exam findings. Recommendation is for authorization.