

Case Number:	CM14-0150804		
Date Assigned:	09/19/2014	Date of Injury:	04/02/2014
Decision Date:	11/13/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/16/2014

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 36-year-old male with a date of injury of 04/02/2014. The listed diagnoses per [REDACTED] are: 1. Lumbago. 2. Lumbar stenosis. 3. Lumbar radiculopathy. 4. Lumbar disk herniation. According to progress report 08/20/2014, the patient presents with low back pain that goes down his left leg. The patient also reports tingling and numbness in his left leg with mild weakness. Examination of the lower back revealed tenderness to palpation on the lumbosacral region and decreased range of motion with flexion and extension by 50%. Sensation is decreased to light touch in the lower extremity L4-L5 distribution. The patient has 4/5 strength in the left lower extremity and positive straight leg test bilaterally. MRI of the lumbar spine from 06/13/2014 revealed at levels L4-L5 a small broad-based right paracentral disk protrusion with high-density zone contacting the descending right L5 nerve root. No neuroforaminal narrowing noted. The treater is requesting a lumbar caudal epidural steroid injection at L4-L5. Utilization review denied the request on 09/02/2014. Treatment reports from 06/20/2014 through 08/20/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar caudal epidural steroid injection at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines have the following regarding epidural steroid injections under chronic pain sect.

Decision rationale: This patient presents with low back pain that goes down his left leg. The treater states that the patient has radicular symptoms on exam and disk protrusion on MRI and would like to perform a caudal epidural injection at L4-L5. The MTUS Guidelines have the following regarding epidural steroid injections 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 corroborated findings of radiculopathy)." Although the patient has back pain which goes down his left leg, the radiating symptoms do not correlate with MRI findings. The MRI report revealed small broad-based right central disk protrusion with high-density zone contacting the right L5 nerve root and no neuroforaminal narrowing. This patient has left leg symptoms. MTUS recommends ESIs for patients with radiculopathy that is corroborated by MRI findings. Recommendation is for denial.