

Case Number:	CM14-0175557		
Date Assigned:	10/29/2014	Date of Injury:	03/13/2009
Decision Date:	12/05/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/23/2014

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 49-year-old male with date of injury of 03/13/2009. The listed diagnoses per [REDACTED] are: 1. Back pain, 2. Lumbar degenerative disc disease, 3. Lumbar radiculopathy. According to this report the patient complains of back pain. He describes his pain as aching, dull, intermittent, and pressure like. Previous treatments include medications, injection, and physical therapy. The pain radiates into the bilateral hips and into the buttocks. The examination shows severe tenderness to palpation in the left sciatic notch, right sciatic notch and lower lumbar spine. FABER test is negative. Sitting straight leg raise is positive on the left and right. Motor examination of the lower extremities is 5/5 bilaterally. Sensation is intact to light touch. The documents include an MRI of the lumbar spine from 11/25/2013 and progress reports from 04/03/2014 to 09/17/2014. The utilization review denied the request on 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine caudal epidural steroid injection (ESI): Upheld

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

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

Decision rationale: This patient presents with chronic back pain. The treater is requesting a Lumbar Spine Caudal Epidural Steroid Injection. The MTUS Guidelines pages 46 and 47 on epidural steroid injection states that it is recommended as an option for treatment of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. The MRI of the lumbar spine from 11/25/2013 showed anterior vertebral fusion at L4-5 with mild bilateral facet hypertrophy and mild bilateral foraminal narrowing. At L5 - S1 there is mild bilateral facet hypertrophy. The records do not show any previous ESI. The 09/17/2014 report shows severe tenderness at the left and right sciatic notch and lower lumbar spine. Sitting straight leg raise is positive bilaterally. Sensation is intact. In this case, there is no description any radicular symptoms, examination findings show positive SLR but how this can be positive in the absence of any leg pain is not explained, and MRI findings do not show any nerve root lesion that would explain leg symptoms that is not described. Without a diagnosis of radiculopathy which require radicular pain, a positive exam, and corroborating imaging findings for a nerve root lesion, ESI is not indicated per MTUS. The request is not medically necessary.