

Case Number:	CM14-0176185		
Date Assigned:	10/29/2014	Date of Injury:	07/03/2014
Decision Date:	12/05/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/24/2014

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, and is licensed to practice in Interventional Spine. 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 47 year old male with an injury date of 07/03/14. The 10/02/14 report by [REDACTED] states that the patient presents with lower back pain radiating down the left leg into the foot causing numbness. Pain is rated 6/10. Examination shows decreased pinwheel sensation in the left L5 dermatome with positive straight leg raise on the left side. The 09/02/14 MRI lumbar presents the following impression: At L2-L2 small right paracentral disc extrusion with cranial migration and mild right anterior thecal sac effacement with no neural compression. At L3-L4, marginal osseous ridging and milder bilateral foraminal stenosis with minimal canal stenosis. At L4-L5 small broad-based left posterolateral and lateral herniation with an underlying high intensity zone. Mild canal and minimal bilateral foraminal stenosis. At L5-S1 Schmorl's node formation. Posterior Schmorl's noted with a posteriorlimbus type vertebra representing a small Schmorl's node extending to the posterior superior apophyseal ring and associated small central disc herniation. No neural compression. Mild right foraminal stenosis. Mild type 2 endplate change. The patient's diagnoses include: Left lumbar radiculopathy Lumbar degenerative disc disease at L5-S1 The utilization review being challenged is dated 10/14/14. Reports were provided from 08/14/14 to 10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Epidural steroid injections [ESI] for the lumbar spine at left L4-5: 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 ESI Page(s): 46-47.

Decision rationale: The patient presents with "lower back pain radiating down the left leg" into the foot causing numbness rated 6/10. The treater requests for 3 EPIDURAL STEROID INJECTIONS (ESI) FOR THE LUMBAR SPINE AT LEFT L4-L5. "MTUS pages 46 and 47 state that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. For the therapeutic phase, repeat blocks should be based on continued documented pain and functional improvement."The reports provided do not indicate prior ESI injections for this patient. Examination shows "radicular pain on the left side" with a "positive straight leg raise left", the patient has a diagnosis of "Left lumbar radiculopathy", and MRI shows small broad based "left" posterolateral and lateral "herniation" at "L4-L5" that support the use of ESI. The treater does not discuss the reason for this request. In this case, however, the treater is requesting for 3 injections. If for diagnostic, a maximum of two is recommended. If for the therapeutic phase, repeat injections require documented improvement. Therefore, recommendation is for denial.