

Case Number:	CM14-0020587		
Date Assigned:	04/30/2014	Date of Injury:	02/20/2008
Decision Date:	07/08/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/19/2014

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 Pain Management, 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 58-year-old male with date of injury of 02/20/2008. The listed diagnoses are lumbago, displacement of lumbar intervertebral disk without myelopathy, lumbar radiculopathy, and Myalgia. According to the report, the patient complains of constant pain in his lower back travelling to his bilateral buttocks intermittently to both his legs which he describes as sharp and dull. He rates his pain 6/10 to 7/10. The patient reports occasional numbness and tingling in both his feet. The physical exam shows Kemp's test and facet is positive on both sides. Reflexes for the knees are normal bilaterally. The patient has no loss of sensibility, no abnormal sensation, and no pain in the L3, L4, and L5 dermatome. There is active movement against gravity with full resistance corresponding to the L3, L4, and L5 myotome. At levels L4-L5 and L5-S1, palpation reveals paraspinal tenderness, muscle guarding and spasms bilaterally. Palpation reveals tenderness at the buttocks bilaterally. The patient performed the bilateral straight leg raise at 70 degrees with referred pain to the low back and bilateral lower extremities posteriorly to the feet. The lumbar range of motion is diminished. The utilization review denied the request on 02/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 AND L4-5 EPIDURAL STEROID INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46,47.

Decision rationale: According to the MTUS regarding epidural steroid injection states that it is recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy). Furthermore, MTUS states that no more than 2 nerve root levels should be injected using transforaminal blocks. In this case, the MRI of the lumbar spine dated 09/18/2013 showed a broad-based disk protrusion with spinal canal narrowing measuring 2.5 mm at L3-L4. In addition, there is also a broad-based disk protrusion with spinal canal narrowing, bilateral recess and neuroforaminal narrowing measuring 3.8 mm at L4-L5. The review of records showed that the patient has not had a previous epidural steroid injection for the lumbar spine. The examination from 01/15/2014 showed a positive straight leg raise at 70 degrees bilaterally. In this case, patient's radicular symptoms are not described in a specific dermatomal distribution, and the MRI only shows bulging discs. There is foraminal stenosis at L4-5 but L4 nerve root problem is not demonstrated either in symptoms or in examination. Positive SLRs greater than at 60degrees are not meaningful. Therefore, the request for L3-4 epidural steroid injections is not medically necessary and appropriate.