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| Case Number: | CM14-0022266 | | |
| Date Assigned: | 05/12/2014 | Date of Injury: | 04/29/2013 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 02/07/2014 |
| Priority: | Standard | Application Received: | 02/21/2014 |

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:

This patient is a 38-year-old male with date of injury of 4/29/13. Per the treating physician's report dated 12/26/13, the patient's pain is located diffusely in the lumbar spine, is made worse with walking and standing, and is made better by medications. The patient's lower extremity pain is in the buttock and equal in both legs. The ratio of low back pain to lower extremity pain is 50:50, 6/10 in intensity. Examination showed unremarkable lower extremity with motor testing of the lower extremity showing some weakness in the proximal muscles on both sides at 5/4.5. Listed diagnoses are idiopathic low back pain, herniated nucleus pulposus, degenerative disk disease, lateral recess spinal stenosis, and sacrococcygeal spine. Under the treatment plan, the recommendation was for lumbar epidural steroid injections bilaterally at L3-L4 and L4-L5 with a transforaminal approach. There is a report of a lumbar MRI on 7/26/13 with the impression of multilevel degenerative disease with multilevel disk bulges in the patient with a relatively narrow spinal canal without evidence of herniated disk, but with central canal stenosis at L3-L4 and L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR L3-L4,L4-L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

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

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

Decision rationale: The MTUS guidelines require a clear documentation of radiculopathy for a trial of epidural steroid injections. The diagnosis of radiculopathy requires dermatomal distribution of pain, positive physical examination, and corroborating findings from an imaging study. In this case, while the patient may have pain down the lower extremity that is significant, examination failed to show myotomal/dermatomal pattern of motor or sensory deficit, and no true tension signs. Most importantly, the MRI of the lumbar spine demonstrated only bulging disks with multilevel degenerative disk disease without evidence of disk herniation or stenosis that would explain the patient's lower extremity pains. Given the lack of clear documentation of radiculopathy, the request is not medically necessary.