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| Case Number: | CM14-0029949 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 04/04/2013 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 02/24/2014 |
| Priority: | Standard | Application Received: | 03/10/2014 |

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 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 48-year-old male with date of injury 04/04/2014. Per treating physician's report which is handwritten dated 01/31/2014, patient presents with low back pain with left radiation. Objective finding has positive MRI. The listed diagnoses are L4-L5 left-sided disk, left lumbar radiculitis. Recommendation was for 2 lumbar ESI (Epidural Steroid Injection), physical therapy for left shoulder 3x6. MRI of the lumbar spine reports dated 12/11/2013 reads that there is a 3.5 mm posterior disk with facet arthropathy at L3-L4 with mild narrowing of the canal, at L4-L5, 2 to 3 mm broad-based disk bulge noted with bilateral lateral recesses. A 12/06/2013 report is 1 page long with check marks next to not improved significantly, this patient is considered temporarily totally disabled, then returned to office in 8 weeks and no next to physical therapy. Other diagnostic studies states MRI of LS spine. The 11/25/2013 report is an orthopedic evaluation which is typed. Under history of present injury, it describes injury to the neck, shoulder, left arm, and low back, feeling popping sensation on the date of injury in his neck and low back accompanied by pain. The patient has not had EMG/NCV (Electromyography / Nerve Conduction Velocity), MRIs, or any injections. Present complaints included low back pain present most of the time, and there is a radiating pain from the low back into the left leg and foot most of the time accompanied by numbness and tingling. Examination showed diminished range of motion in lumbar spine, normal examination findings and sensory findings. Straight leg raise test was positive on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two Lumbar epidural steroid injections at L4-L5 with anesthesia/ pain management:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (http://www.odg-twc.com/odgtwc/Low_Back.htm).

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

Decision rationale: This patient presents with low back and left lower extremity pain. The current request is for lumbar epidural steroid injection twice per treating physician's report on 01/31/2014. Review of the available reports show that the MRI of the lumbar spine was obtained on 12/11/2013 that showed 3.5 mm broad-based disk protrusion at L4-L5 with mild spinal stenosis. The treater requesting the epidural steroid injection does not provide examination findings but an orthopedic evaluation performed 11/25/2013 shows examination with positive straight leg raise, but otherwise normal findings. For lumbar epidural steroid injection, MTUS Guidelines require diagnosis of radiculopathy defined as dermatomal distribution of pain, paresthesia, and positive examination findings of nerve root dysfunction, corroborated by imaging findings. In this case, given MRI findings of 3.5 mm disk protrusion at L4-L5, positive straight leg raise testing on examination on the left side, significant pain down the left lower extremity, an epidural steroid injection trial may be supported. However, the request is for series of 2 injections. MTUS Guidelines only recommend trying 1 injection and repeat injections if there is 50% reduction of pain, increased function, and reduction of medication use. Therefore, the request for Two Lumbar epidural steroid injections at L4-L5 with anesthesia/ pain management is not medically necessary and appropriate.