

Case Number:	CM14-0030304		
Date Assigned:	04/09/2014	Date of Injury:	08/28/2002
Decision Date:	05/27/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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:

The patient is a 64-year-old male with a date of injury of 08/28/2002. The listed diagnoses per the provider are: sprain of the lumbar region, and osteoarthritis NOS left leg. According to report dated 12/16/2013 by the provider, the patient presents with lower back pain and left knee pain with weakness in the legs. The examination revealed tenderness with decreased range of motion of the lumbar spine and spasm. There is "neuro decreased sensation 15" noted. The treating provider reports MRI (magnetic resonance imaging) revealed severe stenosis at L4-L5. The recommendation is for an epidural steroid injection at L4-L5, MRI of the left knee, a lumbar brace. The progress report from 09/07/2013 indicates patient has failed 12 visits of physical therapy. The examination once again reveals tenderness with decreased sensation in the bilateral lower extremities

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTIONS L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46-47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT

GUIDELINES, THE MEDICAL TREATMENT UTILIZATION SCHEDULE HAS THE FOLLOWING REGARDING ESI'S, UNDER ITS CHRONIC PAIN SECTION, 46,47.

Decision rationale: This patient presents with continued low back pain. The treating provider is requesting a lumbar epidural steroid injection at level L4-L5. The MTUS Guidelines recommends epidural injection as an option for treatment of radicular pain defined as pain in a dermatomal distribution with corroborative findings on radiograph studies. X-ray of the lumbar spine dated 09/09/2013 revealed diffuse demineralization with multilevel endplate spondylosis. The treating provider states MRI (magnetic resonance imaging) revealed severe stenosis at L4-L5. The MRI report was not provided for review. In this case, this patient does not present with any dermatomal distribution of pain/paresthesia as required for an epidural steroid injection. The examinations do not show evidence of radiculopathy with no motor/sensory or straight leg raise examination in any of the reports from 09/07/2013 to 12/16/2013. The recommendation is for denial.