

Case Number:	CM14-0032551		
Date Assigned:	04/11/2014	Date of Injury:	05/19/2009
Decision Date:	05/28/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/10/2014

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 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:

This is a 42 year-old male with a 5/19/09 industrial injury claim. He has been diagnosed with lumbar radiculopathy; lumbar DDD and low back pain; sacroiliitis. According to the 12/10/13 psychiatry/pain management report from [REDACTED], the patient presents with 6/10 lower back pain, that sometimes goes up to 9/10. He felt he was making gains with PT, but it was denied. Medications continue to reduce pain levels with minimal side effects. He takes ibuprofen 600mg qd and Norco 5/325mg bid. Exam shows decreased sensation in the left L5 dermatome and atrophy at the left gastrocnemius and soleus. SLR was positive. Patella reflex was decreased on the left. [REDACTED] requests to appeal the LESI denial. There is a 12/6/13 Electromyography (EMG)/Nerve Conduction Velocity (NCV) report showing electrodiagnostic evidence of left L5 and S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

THORACIC EPIDURAL STEROID INJECTION AT L5-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA Guides To The Evaluation Of Permanent Impairment, Chapter 15, pages 382-383

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

Decision rationale: The patient presents with low back pain radiating down the left leg in the L5 dermatome. Exam showed decreased sensation in the left L5 distribution, as well as the S1 myotomes with gastroc/soleus weakness/atrophy. The subjective complaints and physical exam findings were corroborated with 12/6/13 Electromyography (EMG)/Nerve Conduction Velocity (NCV) findings showing left L5 and S1 radiculopathy. The request is for "Thoracic Epidural Steroid Injection at L5-S1" There appears to be a typographical error, as L5-S1 is not in the thoracic spine, and the physician's reports do not request an epidural for the thoracic region. There are no prior lumbar Epidural Steroid Injection reports available for review. The patient appears to meet the MTUS criteria for the L5/S1 epidural steroid injection.