

Case Number:	CM14-0035809		
Date Assigned:	06/23/2014	Date of Injury:	08/23/2005
Decision Date:	07/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/24/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 53-year-old male who reported an injury on 08/23/2005 after lifting tires. The injured worker reportedly sustained an injury to his low back. The injured worker underwent an MRI on 10/22/2013 that documented a disc bulge at the L3-4 that caused mild lateral recess stenosis of the L4 nerve root. The injured worker was evaluated on 03/06/2014. Physical findings included restricted range of motion of the lumbar spine secondary to pain with a positive left-sided sciatic nerve stretch test at 75 degrees and +1 tendon reflexes at the knees and absent reflexes at the ankle. It was documented that the injured worker had decreased sensation of the left L4 dermatomal distribution and 5/5 motor strength in all muscle groups. A request was made for a diagnostic transforaminal epidural steroid injection at the L3-4 to determine the appropriateness of surgical intervention at that level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-4 transforaminal ESI: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS recommend epidural steroid injections for patients who have radicular symptoms that have failed to respond to conservative treatment corroborated by an imaging study. The clinical documentation submitted for review does indicate that the patient has a left-sided straight leg raising test at 45 degrees with disturbed sensation in the L4 dermatomal distribution. The imaging study provided for review does provide evidence of a disc bulge encroaching in the lateral recess of the L3-4 vertebra which would cause impingement of the exiting L4 nerve root. This would corroborate the injured worker's radicular symptoms in the L3-4 dermatomal distribution patterns. Additionally, as this is a diagnostic injection to determine the appropriateness of surgical intervention, the transforaminal epidural steroid injection would be supported in this clinical situation. The requested left L3-4 transforaminal epidural steroid injection is medically necessary and appropriate.