

Case Number:	CM14-0037656		
Date Assigned:	06/25/2014	Date of Injury:	01/22/2010
Decision Date:	07/28/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 59 year old male who sustained an injury to his low back on 01/22/10. The mechanism of injury was not documented. MRI of the lumbar spine without contrast dated 07/01/13 reportedly revealed no evidence of focal disc extrusion or neurocompression; L3-L4, mild facet arthropathy or trace facet fusion; minimal annular bulging; minimal central canal narrowing; L4-L5, minimal annular bulging; mild bilateral facet arthropathy; slight retrolisthesis, minimal annular bulging, marginal osseous ridging with minimal central canal narrowing. Physical examination noted loss of lordosis with straightening of the lumbar spine; range of motion restricted with flexion limited to 45 degrees, extension limited to 10 degrees, lateral rotation 10 degrees bilaterally; on palpation, paravertebral muscle pain, spasms and tenderness noted bilaterally; lumbar facet loading positive bilaterally; straight leg raise positive right at 80 degrees; motor strength 5/5 throughout; sensory decreased over the L5 lower extremity dermatome on the right side; reflexes 2/4 knee jerk and 1/4 ankle jerk bilaterally. The injured worker was diagnosed with lumbar radiculopathy and lumbar facet syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5-S1: Upheld

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

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

Decision rationale: The request for lumbar epidural steroid injection on L5-S1 is not indicated as medically necessary. The previous request was denied on the basis that there was no objective physical examination evidence of an active radiculopathy at the L5-S1 level. The CAMTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Given the absence of an active radiculopathy at the L5-S1 level, the request for lumbar epidural steroid injection at L5-S1 is not indicated as medically necessary.