

Case Number:	CM14-0040741		
Date Assigned:	06/27/2014	Date of Injury:	02/18/2014
Decision Date:	08/11/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/04/2014

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 45 year old male with an injury date of 02/18/14. Based on the 03/07/14 progress report provided by [REDACTED] the patient complains of low back pain which comes and goes. The pain radiates to the front and back of his right leg. He also has pain bending and sitting for long periods. He has tenderness to palpation in the low back with palpation. He also has tenderness in the buttock area with palpation. Straight leg raise is positive on the right side at 45 degrees. The 12/18/13 MRI of the lumbar spine showed a central and slightly right-sided herniation at L3-4, L4-5, and L5-S1 without significant neural compromise. The patient's diagnoses include the following: 1. Right paracentral disc herniations at L3-L4, L4-5, L5-S1. 2. Right greater than left lumbosacral radiculopathy. [REDACTED] is requesting for a lumbar epidural steroid injection under fluoroscopy lumbar 4-5 spine. The utilization review determination being challenged is dated 03/19/14. [REDACTED] is the requesting provider and provided treatment reports from 02/28/14, 03/07/14, and 03/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steriod Injection under flouroscopy Lumbar 4-5 spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steriod Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) (MTUS pgs 46, 47).

Decision rationale: According to the 03/07/14 report by [REDACTED], the patient presents with low back pain which radiates to the front and back of his right leg. The request is for a lumbar epidural steroid injection under fluoroscopy lumbar 4-5 spine. There is no indication of any previous lumbar epidural steroid injections. MTUS guidelines state, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this patient, MRI showed disc herniations toward the symptomatic right side, the patient has right leg pain in a specific distribution and exam showed positive SLR. Trial of ESI is reasonable. The request is medically necessary at this time.