

Case Number:	CM14-0043149		
Date Assigned:	06/20/2014	Date of Injury:	01/11/2000
Decision Date:	12/23/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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 & 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 59 years old female with an injury date of 01/11/00. Based on the progress report dated 02/24/14, the patient complains of stabbing, numb, aching and burning pain in the back and right hip along with right sciatica, and left leg weakness. Increasing activities of daily living aggravates the pain, while rest lessens the symptoms. Physical examination reveals tenderness at greater trochanteric bursa and paravertebral muscles of the lumbar spine. There is hypertonicity accompanied by a positive Kemp's for pain at L4-S1 joints. Range of motion is painful and limited. The patient uses Lyrica to overcome her neuropathic pain, as per progress report dated 02/24/14. Other medications include Edarbi, Meloxicam, Norco, Prolisec and Simvastatin. MRI of the Lumbar Spine, 02/13/14, as per progress report dated 02/24/14: Posterior disc protrusion at L4-5 and at narrowed L3-4 interspaces. Diagnosis on 02/24/14:- Displacement lumbar disc without myelopathy- Lumbosacral radiculitis- Lumbar degenerative disc diseaseThe treater is requesting for Lumbar (Lower Back) L4-5 Epidural Steroid Injection x 1. The utilization review determination being challenged is dated 03/05/14. The rationale was "there is no objective occasion of a verifiable radiculopathy in either diagnostic studies or physical examination and that the MRI did not demonstrate any specific nerve root lesion, there is no clinical presentation for the need of an epidural steroid injection." Treatment reports were provided from 02/24/14 - 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar (lower back) L4-5 epidural steroid injection x 1: Upheld

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 ESI Page(s): 46-47.

Decision rationale: The patient complains of stabbing, numb, aching and burning pain in the back and right hip along with right sciatica, and left leg weakness. Physical examination reveals tenderness at greater trochanteric bursa and paravertebral muscles of the lumbar spine, as per progress report dated 02/24/14. The request is for Lumbar (Lower Back) L4-5 Epidural Steroid Injection x 1. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section page 46-47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," "In this case, physician's progress reports do not indicate a prior epidural steroid injection. Additionally, the reports do not confirm radiculopathy, although the patient experiences left leg weakness. The MRI on 02/13/14 did not indicate disc herniations or stenosis. EMG of the bilateral lower extremities was done on 10/15/12, as per progress report dated 02/24/14. It was normal and was "compatible with a minimal peripheral neuropathic process." Given the lack of a clear diagnosis of radiculopathy, the request is not medically necessary.