

Case Number:	CM14-0049314		
Date Assigned:	07/07/2014	Date of Injury:	10/22/2011
Decision Date:	09/25/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational 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 patient is a 56 year-old male with date of injury 10/22/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/21/2014, lists subjective complaints as low back pain with radicular symptoms down both legs. Objective findings: Examination of the cervical spine revealed positive Spurling's maneuver and limited range of motion in all planes due to pain. Lumbar spine exam revealed tenderness to palpation over the right lumbar paraspinal muscles consistent with spasms. Range of motion was limited in all planes due to pain. Straight leg test was positive bilaterally. Diagnosis: 1. Cervicalgia 2. Lumbago 3. Disorders of burse and tendons in shoulder region 4. Carpal tunnel syndrome. The patient has attended two sessions of physical therapy, 15 sessions of chiropractic care and uses a TENS unit which provided moderate relief. Lumbar MRI (no date provided) was positive for 1.9mm disc protrusions at L1-2, L2-3, and L4-5 with disc material and facet hypertrophy causing narrowing of neural foraminal effacing the L4 nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is appropriate documentation in the patient's clinical presentation to meet the criteria to recommend a lumbar epidural steroid injection. As such, the request is medically necessary and appropriate.