

Case Number:	CM14-0049345		
Date Assigned:	07/07/2014	Date of Injury:	02/08/2009
Decision Date:	08/01/2014	UR Denial Date:	03/17/2014
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 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 58 year old male with an injury date of 02/08/09. Based on the 01/21/13 progress report the patient complains of low back pain that radiates to both legs. He rates his pain as a 7-10/10 without medications and a 5-7/10 with medications. He had an MRI of the lumbar spine on 01/14/14 which showed a tear in the posterior annulus on the left side which is adjacent to the left L5 nerve in the lateral recess, but is not displacing the nerves, with moderate stenosis of the right and left neural foramina at L4-L5 with contouring of the L4 nerves, with the right neural foramen narrower and the right L4 nerve appears to be entrapped. There is tenderness and tightness over the bilateral lumbosacral paraspinal muscles and straight leg is positive on the right. The patient's diagnoses include the following: Chronic low back pain; Lumbar discogenic pain; Right L5 radiculopathy; Chronic pain syndrome. The request is for a lumbar epidural steroid injection, right lumbar 4- lumbar 5, under fluoroscopic guidance and conscious sedation. The utilization review determination being challenged is dated 03/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection right Lumbar 4-Lumbar 5 under fluoroscopic guidance and conscious sedation: Upheld

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

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

Decision rationale: Review of the only provided report does not mention a prior epidural steroid injection. MTUS Guidelines state, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. This patient presents with significant right leg symptoms with MRI demonstrating moderate stenosis of the right and left neural foramina at L4-L5. Exam showed positive straight leg raise (SLR) on the right, and a trial of an epidural steroid injection appears reasonable. As such, the request is medically necessary.