

Case Number:	CM14-0049353		
Date Assigned:	06/25/2014	Date of Injury:	10/25/2011
Decision Date:	07/23/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/25/2014

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 59 year old male with an injury date of 10/25/11. Based on the 01/15/14 progress report provided by [REDACTED], the patient complains of low back pain which radiates to his bilateral lower extremities to the level of foot and toes. He has tingling and numbness in the lower extremities. The patient also has right shoulder pain and neck pain which radiates to his bilateral upper extremities. Spinal vertebral tenderness was noted in the lumbar spine at the L4-S1 level and lumbar myofascial tenderness was noted on palpation. The patient's diagnoses include the following: 1. Lumbar radiculopathy. 2. Lumbar disc degeneration. 3. Lumbar facet arthropathy. 4. Right shoulder pain. 5. Hypertension. 6. Erectile dysfunction due to chronic pain/opiate/medication use. 7. Positive CPAP 8.L2-L5 annular fissure. The 04/02/12 MRI of the lumbar spine revealed the following: 1. L4-L5, 5.4 mm disc protrusion that indents the thecal sac. Combined with hypertrophy produces moderate to marked spinal canal narrowing and bilateral lateral recess and neuroforaminal narrowing. Posterior annular tear/fissure. 2.L5-S1, 5.4 mm disc protrusion that posteriorly displaces the S1 nerve roots. Combined with facet hypertrophy produces spinal canal narrowing and bilateral neuroforaminal narrowing. [REDACTED] is requesting for a lumbar epidural steroid injection L4-S1 times 1. The utilization review determination being challenged is dated 03/03/14. [REDACTED] is the requesting provider, and he provided treatment reports from 09/25/13- 03/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L4-S1 times 1: 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 Epidural Steroid Injections (ESIs) and Criteria for use of Epidural Steroid Injections (ESIs), Page 46. Page(s): 46 of 127.

Decision rationale: According to the 01/15/14 report by [REDACTED], the patient presents with low back pain which radiates to his bilateral lower extremities to the level of foot and toes. He has tingling and numbness in the lower extremities. The patient also has right shoulder pain and neck pain which radiates to his bilateral upper extremities. The request is for lumbar epidural steroid injection L4-S1 times one. 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 with nerve root involvement, exam showed some sensory changes and the patient has significant leg symptoms. Trial of Lumbar ESI is reasonable. Recommendation is for authorization; therefore, the request for Lumbar Epidural Steroid Injection L4-S1 Times 1 is medically necessary.