

Case Number:	CM14-0051533		
Date Assigned:	07/11/2014	Date of Injury:	10/28/2013
Decision Date:	08/29/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/18/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 28 year-old male was reportedly injured on 10/28/2013. The mechanism of injury is listed as a low back injury after he was throwing ice from a bucket. The most recent progress note dated 4/1/2014, indicates that there are ongoing complaints of low back pain with occasional radiation into the left lower extremity. The physical examination demonstrated pain over the lumbar intervertebral spaces and left sacroiliac joint; positive left straight leg raise; lumbar spine flexion at 50 degrees with pain, and no pain with extension 30 degrees or lateral flexion 25 degrees; positive Patrick's tests the left; normal motor strength; hypoesthesia along left L4, L5 dermatomes; deep tendon reflexes intact throughout except reduced reflex at left heel, normal gait. MRI of the lumbar spine dated 11/5/2013 demonstrated mild disk dehydration and wide-based disk protrusions at L4-L5 and L5-S1 with mild facet arthritis and bilateral sub-articular recess narrowing bilaterally at L4-L5 and only on the left at L5-S1; extensive epidural lipomatosis contributing to narrowing of the thecal sac. The diagnoses include lumbar radiculopathy and left-sided sacroiliac arthralgia. Previous treatment includes physical therapy and medications to include: Flexeril, Naproxen, Tramadol, Diclofenac, Methylprednisolone and Hydrocodone/Acetaminophen. A request had been made for one Left Transforaminal Epidural Steroid Injection for L4-L5, L5-S1 under Fluoroscopy with anesthesia which was not certified in the utilization review on 4/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

With Anesthesia x1 Left Transforaminal epidural Steroid Injection for L4-5, L5-S1 Under Fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

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

Decision rationale: The MTUS guidelines support lumbar epidural steroid injections when radiculopathy is documented and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. A MRI of the lumbar spine documents a disc protrusion with left lateral recess stenosis at L5-S1 which can result in compression of the left L5 nerve root and radiculopathy. The requesting provider had recommended #18 sessions of physiotherapy rehabilitation in the same progress note as the lumbar ESI request. Per MTUS treatment guidelines, the requested procedure is considered medically necessary.