

Case Number:	CM14-0051552		
Date Assigned:	07/07/2014	Date of Injury:	12/07/2010
Decision Date:	08/14/2014	UR Denial Date:	03/26/2014
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 & 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 51-year-old male with an injury date on 12/07/2010. Based on the 03/05/2013 progress report provided by [REDACTED], the diagnoses are chronic pain (other), lumbar facet arthropathy, and lumbar radiculitis. According to this report, the patient complains of low back pain that radiates down the bilateral lower extremities. The patient's pain is accompanied by numbness and tingling frequently. The pain is aggravated by activity and walking. Pain is rated at a 5/10 with medications and at a 7/10 without medications. Tenderness was noted upon palpation at the L4-S1 levels. The range of motion of the lumbar spine was moderately limited. Positive straight leg raise was noted bilaterally. A magnetic resonance imaging (MRI) of lumbar spine on 10/18/2012 reveals (1) bilateral facet arthrosis which is moderate in degree at L5-S1, (2) mild facet arthropathy at L4-5, (3) L5-S1; moderate right neutral foraminal stenosis secondary to arthrosis, no nerve root compromise seen, and (4) L2-3, subtle lateral disc bulges without foraminal stenosis, greater on the right. The electromyography (EMG) and nerve conduction study of the bilateral lower extremities on 04/18/2011 show no evidence of peripheral neuropathy or significant lumbar radiculopathy. There were no other significant findings noted on this report. [REDACTED] is requesting epidural steroid injections L4-S1 bilaterally. The utilization review denied the request on 03/26/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 10/28/2013 to 04/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injections Bilateral L4-S1: Upheld

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

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

Decision rationale: According to the 03/05/2013, report by [REDACTED] this patient presents with low back pain that radiates down the bilateral lower extremities. The treater is requesting epidural steroid injections (ESI) L4-S1 bilaterally. The UR denial letter states past electrodiagnostic assessment and lumbar MRI revealed no findings worrisome for the presence of an active lumbar radiculopathy or compressive lesion. Regarding ESI, MTUS guidelines states radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. While this patient presents with radiating pain down the both legs, they are not described in any specific dermatomal distribution to denote radiculopathy or nerve root pain. Magnetic resonance imaging (MRI) of the lumbar spine do not show any specific findings that would corroborate the patient's leg symptoms and electromyography/ nerve conduction velocity (EMG/NCV) studies were negative as well. MRI describes right L5-S1 foraminal stenosis but this patient does not present with right sided L5 nerve root pain, which can be injected. The request is for bilateral two level injections, and MTUS does not recommend more than two levels of transforaminal approach. Recommendation is not medically necessary.