

Case Number:	CM14-0051557		
Date Assigned:	07/07/2014	Date of Injury:	07/09/2012
Decision Date:	08/06/2014	UR Denial Date:	03/24/2014
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 Spine Surgery and is licensed to practice in New York. 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 55-year-old male the date of injury of July 9, 2012. Patient has back pain radiating to the bilateral lower extremities. The patient had physical therapy and acupuncture. He's had medications and previous injections which have been helpful in alleviating pain. Some physical examination straight leg raising test is positive. Facet loading test is positive. There is decreased sensation in the lower extremities from the knees and ankles and there is bilateral weakness in hip flexion and knee extension. Nerve conduction studies from 2013 show evidence of right cervical neuropathy. There is no electrodiagnostic evidence of lumbar radiculopathy or myelopathy. MRI the lumbar spine from October 2013 shows L3-4 and L4-5-1 millimeter disc protrusion with no neuroforaminal impingement on the nerve roots. At issue is whether epidural steroid injections medically necessary.

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-L5 with fluoroscopy #3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Low Back Chapter.

Decision rationale: This patient does not meet criteria for epidural steroid injection. Specifically, there is no electrodiagnostic evidence of lumbar radiculopathy. In addition there is no evidence of imaging studies showing compression of lumbar nerve roots. The MRI does not show significant compression of any lumbar nerve roots. Since this patient does not have documented lumbar radiculopathy based on electrodiagnostic studies and lumbar imaging, there is no role for lumbar epidural steroid injection. Established criteria for lumbar epidural steroid injection are not met.