

Case Number:	CM14-0056614		
Date Assigned:	07/09/2014	Date of Injury:	10/05/2011
Decision Date:	11/17/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/28/2014

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 Pain Management 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 53 year old with an injury date on 10/5/11. Patient complains of ankle pain (with walking boot), which caused flare-up of lumbar pain rated 8/10 with standing, and associated left leg numbness. Based on the 3/25/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbar disc bulge 2. spinal stenosis, lumbar region 3. lumbar fusion 4. radiculopathy Exam on 3/25/14 showed "L-spine range of motion has flexion/extension of 75% of normal. Sensory exam: decreased to light touch and pin prick in the left lateral leg. Reflexes are 2/4 in the knees/ ankles. Straight leg raise was negative." [REDACTED] is requesting left lumbar 4-5 transforaminal epidural steroid injection. The utilization review determination being challenged is dated 4/9/14. [REDACTED] is the requesting provider, and he provided treatment reports from 9/3/13 to 3/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This patient presents with ankle pain, back pain, and left leg numbness. The provider has asked for left L4-5 transforaminal epidural steroid injection on 3/25/14. Review of the reports do not show any evidence of epidural steroid injections being done in the past. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, patient has radicular pain in his low back/ankle/leg, and the physical exam showed sensory deficits along a dermatomal distribution, but the straight leg raise was negative. An MRI of the L-spine has not yet been completed, however. In this case, the patient presents with radicular symptoms, but has a negative straight leg raise and has not completed imaging to confirm any nerve root potential lesion. The requested epidural steroid injection is not indicated at this time. Recommendation is for denial.