

Case Number:	CM14-0058442		
Date Assigned:	07/09/2014	Date of Injury:	12/04/2013
Decision Date:	08/21/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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 51 years old male with an injury date on 12/04/2013. Based on the 04/01/2014 hand written progress report provided by [REDACTED] the diagnosis is: 1. Lumbar DDD, HNP According to this report, the patient complains of low back pain with minimal improvement. Straight leg raise test is positive on the right. There were pain in flexion and extension. A MRI of the lumbar spine on 02/20/2014 reveals mild disc bulge at L3-L4, and L4-L5 level. There were no other significant findings noted on this report. [REDACTED] is requesting lumbar epidural steroid injection (level unknown). The utilization review denied the request on 04/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/17/2013 to 04/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection qty:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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 04/01/2014 report by [REDACTED] this patient presents with low back pain with minimal improvement. The provider is requesting lumbar epidural steroid injection (level unknown). The UR denial letter states "The request, however, does not specify which levels are intended for epidural steroid injection." 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 positive straight leg raise test, the patient's leg symptoms are not described in a specific dermatomal distribution to denote radiculopathy or nerve root pain. MRI of L-spine describes mild L3-L4, and L4-L5 disc bulge but no disc herniation or stenosis that involves a nerve root. Given the lack of a clear diagnosis of radiculopathy, recommendation is that of non-medical necessity.