

Case Number:	CM14-0070176		
Date Assigned:	07/14/2014	Date of Injury:	11/03/2013
Decision Date:	09/09/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/15/2014

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 Alabama. 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 who was injured on 12/01/1999. The mechanism of injury is unknown. Prior medication history included Acyclovir, Butrans, Percocet and Wellbutrin. He has been treated conservatively with physical therapy. He underwent a bilateral L4-L5 transforaminal epidural steroid injection on 01/16/2014 and has received benefit from it. Diagnostic studies reviewed include MRI of the lumbar spine without contrast dated 12/18/2013 revealed degenerative facet hypertrophy causing right sided foraminal narrowing at L4-5 and L5-S1 and a nodule at L1 vertebral body probable hemangioma. Progress report dated 03/13/2014 states the patient complained of back pain with associated aching, burning, severe, sharp and stabbing. He rated his pain as a 10/10. Objective findings on exam revealed positive pelvic thrust bilaterally, positive FABER maneuver bilaterally; positive Gainslen's maneuver bilaterally, positive Patricks maneuver bilaterally; and positive pelvic rock maneuver bilaterally. There is pain to palpation over the L4 to L5 and L5 to S1 facet capsules and positive stork test bilaterally. He has post laminectomy syndrome, cervical spine and nonunion of fracture. He has been recommended for SI joint injections. Prior utilization review dated 04/30/2014 states the request for Lumbar epidural steroid injection, level not specified is denied as the request is not medically reasonable or 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, level not specified: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural injection> Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Low Back>, <Lumbar epidural injection>.

Decision rationale: The above ODG state that the criteria for the use of epidural steroid injections include "radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing." In this case, the objective findings on examination on progress note from 3/13/14 demonstrate positive pelvic thrust, FABER, Gainslen's, Patricks, pelvic rock, and pain on palpation but no findings of motor or sensory deficits or changes and reflex examination to demonstrate radiculopathy. Therefore, based on the above guidelines and noted clinical documentation, the request for the above service is not medically necessary.