

Case Number:	CM14-0104961		
Date Assigned:	07/30/2014	Date of Injury:	12/17/2013
Decision Date:	02/18/2015	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 31 year old male with an injury date on 12/17/13. The patient complains of pain in the left iliolumbar ligaments with some radiation of pain down the left lower extremity with intermittent numbness/tingling affecting the left leg per 4/28/14 report. The patient has some weakness in the left leg, but denies any falls per 4/28/14 report. The patient has been taking Norco, Tramadol, and Ibuprofen with little benefit per 4/28/14 report. The patient is doing better, and is on work modifications per 4/18/14 report. Based on the 4/28/14 progress report provided by the treating physician, the diagnoses are: 1. left lumbosacral strain 2. left lumbosacral radiculopathy 3. myofascial pain syndrome A physical exam on 4/28/14 showed " L-spine range of motion is limited with flexion and extension decreased by 10% Decreased strength with left dorsiflexor and left extensor hallucis longus muscle. Normal strength and reflexes in bilateral knee flexors/extensors. Decreased light touch sensation to dorsal aspect of left foot. Decreased reflexes in the left ankle. Positive straight leg raise on the left." The patient's treatment history includes medications, chiropractic treatment, physical therapy, work modifications. The treating physician is requesting left L4, L5, S1 epidural steroid injection. The utilization review determination being challenged is dated 6/23/14. The requesting physician provided treatment reports from 1/17/14 to 6/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4, L5 and S1 epidural steroid injection: 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 Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: This patient presents with pain in left iliolumbar ligaments, left lower extremity/leg pain. The treater has asked for Left L4, L5, S1 Epidural Steroid Injection on 4/28/14. Review of the reports do not show any evidence of epidural steroid injections being done in the past. MRI of the L-spine dated 1/17/14 showed a 2mm disc bulge at L4-5 with mild bilateral foraminal narrowing, and a normal disc with unremarkable findings at L5-S1. 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, the patient has continued back pain with radiation down the left lower extremity. Exam findings show decreased sensation and reflexes along the L4-5 dermatome, and an MRI confirms a disc bulge at the L4-5 level of the L-spine. However, there are no exam findings or MRI results that show any nerve root lesion at the L5-S1 level. The bulging disc at L4-5 is not a significant finding either for radiculopathy. The requested epidural steroid injection at left L4-5 and L5-S1 is not medically necessary.