

Case Number:	CM14-0179640		
Date Assigned:	11/04/2014	Date of Injury:	04/19/1999
Decision Date:	01/07/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/29/2014

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 & 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 60 year old male with an injury date on 04/19/1999. Based on the 07/30/2014 handwritten progress report provided by the treating physician, the diagnoses are: 1. Right Radiculitis 2. L/S DDD 3. C/S DDD According to this report, the patient complains of "low back pain with the rate as 7/10." Exam findings show "swelling and spasm at cervical and lumbar spine. Reduced sensation to light touch with pinwheel at the right at L5/S1 distributor. Straight leg raise test is positive bilaterally at 60 degrees for sitting/supine. There were no other significant findings noted on this report. The utilization review denied the request for lumbar epidural steroid injection on 10/02/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/16/2014 to 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lumbar ESI Page(s): 46, 47.

Decision rationale: According to the 07/30/2014 handwritten report, this patient presents with a low back pain of a 7/10. Per this report, the current request is for lumbar epidural steroid injection. For lumbar ESI, MTUS guidelines state "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of reports do not show evidence of prior lumbar epidural steroid injections. In this case, the treating physician documented that the patient has sensory deficit affecting the L5/S1 distribution and there is positive straight leg raise. However, the treating physician does not discuss MRI or other studies that would corroborate the patient's symptoms. Without an imaging study or electrodiagnostic study to corroborate radiculopathy the MTUS guideline recommendations cannot be followed. The request is not medically necessary.