

Case Number:	CM14-0199518		
Date Assigned:	12/10/2014	Date of Injury:	12/03/2007
Decision Date:	01/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, 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 54 year old male with an injury date on 12/03/2007. Based on the 11/24/2014 progress report provided by the treating physician, the diagnoses are: 1. Lumbar strain2. Lumbar radiculopathy by history3. Right upper quadrant pain4. Altered liver function test 5. Lumbar degenerative disc disease6. Gastritis. According to this report, the patient complains of "constant low back pain along with radiation to the right leg going all the way to the foot along with numbness and tingling." The patient's gait is "severely antalgic" and walking with a single point cane. Physical exam reveals tenderness to palpation at the left paravertebral muscles. Lumbar range of motion is limited due to pain. "Straight leg raise test is positive at 45 degrees from sitting position on the left side." Decrease sensation is noted right below knee area. Decrease motor strength in the left lower extremity. MRI of the lumbar spine on 01/26/2013 shows a "mild posterior disc bulge without significant central canal stenosis or neural foraminal narrowing at L4-L5. Treatment plan is to see a gastroenterologist, get an updated MRI of the lumbar spine (authorized), awaiting for authorization for the L 4-L5 and L5S1 lumbar epidural, join a gym for weight reduction. The utilization review denied the request for one lumbar epidural steroid injection at L4-5 on 11/20/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/07/2014 to 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar epidural steroid injection at L4-5 and L5-S1: Upheld

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

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

Decision rationale: According to the 11/24/2014 report, this patient presents with "constant low back pain along with radiation to the right leg going all the way to the foot along with numbness and tingling." The current request is for one lumbar epidural steroid injection at L4-5 and L5-S1. Regarding ESI, MTUS guidelines states "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Review of the reports does not show evidence of prior lumbar epidural steroid injections. In this case, the treating physician documented that the patient has sensory deficit affecting the L4-L5 distribution and there is positive straight leg raise. However, MRI shows mild disc bulges at L4-5. Bulging discs are normal findings and unlikely the source of the patient's radicular symptoms. In this case, the imaging study does not corroborate the radiculopathy as required by MTUS. The request is not medically necessary.