

Case Number:	CM14-0045598		
Date Assigned:	06/27/2014	Date of Injury:	11/03/2001
Decision Date:	04/07/2015	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/02/2014

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 41 year old male who sustained an industrial injury on 11/03/01. He reports back left lower back pain radiating down the left leg with tingling, numbness and burning sensations to the bottom of his left foot. Diagnoses include chronic pain syndrome and lumbar post-laminectomy syndrome. Treatments to date include medications, surgery, and lumbar ESI, with provided 50% pain relief for about 6 months. In a progress noted dated 03/12/1 the treating provider recommends continued medication, try Lyrica, and request a lumbar ESI. On 03/19/14 Utilization Review non-certified the ESI, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Lumbar spine epidural steroid injection L3-4: 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 Injection (ESI) Page(s): 46.

Decision rationale: The patient complains of left lower back pain with associated pain and paresthesias in the right lower extremity. The current request is for Outpatient Lumbar Spine Epidural Steroid Injection (ESI) L3-4. The attending physician report dated 3/12/14 notes that the patient is worsening, and that the patient has numbness in the lower extremity. The physical examination shows normal reflexes but decreased sensation in the S1 dermatome. The note indicates the patient had greater than 60% pain relief for about six months with the previous ESI. The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, while there is evidence of possible radiculopathy in the lower extremity, there is no documentation of recent MRI or electrodiagnostic study to corroborate physical examination findings to establish radiculopathy. The guidelines are clear that physical examination findings must be corroborated by diagnostic studies such as MRI or electrodiagnostic studies. As such, recommendation is for denial.