

Case Number:	CM15-0001553		
Date Assigned:	01/12/2015	Date of Injury:	12/16/2009
Decision Date:	03/11/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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 & 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 patient is a 52 year old male with an injury date on 12/16/2009. Based on the 11/18/2014 progress report provided by the treating physician, the diagnoses are: 1. Displacement of lumbar intervertebral disc without myelopathy. 2. Spinal stenosis of lumbar region. 3. Other symptoms referable to back. According to this report, the patient complains of 'constant pain in his lower back traveling to his right posterior leg into the calf which he describes as aching, tight and stiff. He rates his pain as 7-8.' The patient states that 'he experiences occasional numbness and tingling in his right leg when driving long distances.' Examination findings show 'Kemp's Test/Facet is positive on both sides. Bechterew's test is positive on the right.' 'Reflexes for the knees are diminished bilaterally. Reflexes for the hamstrings are diminished bilaterally. Reflexes for the ankles are diminished bilaterally.' The patient's work status is 'deferred to the primary treating physician.' The treatment plan is 'I am recommending the patient undergo his first diagnostic lumbar steroid injection at disc levels L4-L5 and L5-S1.' The patient's past treatment is chiropractic care, MRI of the lumbar spine and medications. Based on 11/21/2014 report, the patient shows 'persistent level 4/10 lower back pain which increased to 7/10 with activity. Persistent level 4/10 right shoulder pain which increased to level 7-8/10 with activity.' There is no other significant finding in this report. The utilization review denied the request for lumbar epidural steroid injection of L4-L5 and L5-S1 on 12/18/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 06/09/2014 to 11/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L4-L5 and L5-S1: Overturned

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 ESI Page(s): 46-47.

Decision rationale: According to the 11/18/2014 report, this patient presents with 'constant pain in his lower back traveling to his right posterior leg into the calf which he describes as aching, tight and stiff.' The patient states that 'he experiences occasional numbness and tingling in his right leg when driving long distances.' Per this report, the current request is for lumbar epidural steroid injection of L4-L5 and L5-S1. For lumbar ESI, MTUS guidelines state 'radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.' Per treating physician, MRI of lumbar spine on 09/15/2014 shows L4-L5 'Disc measurements: NEUTRAL: 3.8 mm; FLEXION: 4.0 mm; EXTENSION: 3.8 mm.' L5-S1, 'Disc measurements: NEUTRAL: 2.5mm; FLEXION: 1.3 mm; EXTENSION: 2.5 mm.' In reviewing the medical reports provided, there is no evidence of prior lumbar epidural steroid injections. In this case, the treating physician documented that the patient has positive Bechterew's test on the right, which is a clinical exam finding indicative of radicular pain and imaging studies show disc protrusion at L4/5 measuring 3.8 mm, and disc protrusion at L5/S1 measuring 2.5mm. The MTUS guideline requirements of radiculopathy that is corroborated by MRI findings have been documented in this case. The current request for lumbar epidural steroid injection of L4-L5 and L5-S1 IS medically necessary.