

Case Number:	CM14-0117984		
Date Assigned:	08/06/2014	Date of Injury:	09/05/2002
Decision Date:	09/30/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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 Occupational Medicine 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 44-year-old male who has submitted a claim for lumbosacral neuritis associated with an industrial injury date of 09/05/2002. Medical records from 2013 to 2014 were reviewed, which showed that the patient complained of low back pain with radiation to bilateral buttocks and bilateral lower extremities. Physical examination reveals positive leg raise test bilaterally at 60 degrees. There was noted decreased sensation on the right anterior lower extremity. Patient had difficulty with heel-toe walk. MRI on the lumbar spine dated 01/15/2013 showed findings of postsurgical changes of hardware at L1-L2 which appears to have been fusion, bilobed 2-3mm broad based bulge not resulting in canal stenosis or nerve root impingement, right paracentral disc bulge L4-L5 which is abutting the exiting right L4 nerve root in the proximal neural foramen. There is no protrusion at L3-L4 and no compression of exiting L3 nerve roots. Treatment to date has included medications, surgery and epidural injections. The patient has had previous epidural steroid injections at L3-L4. The first was on 10/23/2013 and the second was on 4/14/2014. Utilization review from 07/17/2014 denied the request for LESI because reviewer found the treatment unnecessary in the absence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Epidural Injections at the L3-4 Level: Upheld

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

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

Decision rationale: According to page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, research has now shown that LESI is recommended as a possible option for short-term treatment of radicular pain (defined as pain dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. In this case, the patient has been having chronic low back pain. Physical exam findings revealed a positive straight leg raise test bilaterally. However, an MRI of the lumbar spine dated 01/15/2013 showed no protrusion and no compression of exiting L3 nerve roots. Current subjective and objective findings do not indicate active radiculopathy. Additionally, the patient has had 2 prior epidural steroid injections that did not provide significant relief. Therefore, the request for 1 Epidural Injections at the L3-4 Level is not medically necessary.