

Case Number:	CM14-0120566		
Date Assigned:	09/16/2014	Date of Injury:	03/04/2011
Decision Date:	10/24/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Nevada. 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 injured worker is a 30-year-old male who was reportedly injured on 03/04/2011. Last progress noted dated 07/07/2014 indicates the injured worker had low back pain and continued complaints of left leg pain. Magnetic resonance image from 05/27/2011 reportedly showed a large central L4-5 disc protrusion. Exam revealed lumbar range of motion flexion 45 degrees, positive straight leg raise on the left and weakness of the anterior tibialis. Left sciatica, left L4-5 protrusion. Unobtainable deep tendon reflexes. Transforaminal steroid injections for L4- and L5 dermatomes given between 12/19/2011 and 02/17/2012 benefits not indicated in records. A request was made for Lumbar Epidural Steroid Injection at L4-L5 and was not certified on 07/21/2014.

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: 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 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009), Epidural Steroid injections (ESIs) Page.

Decision rationale: MRI of the lumbar spine dated 08/05/14 reported no significant interval change since prior study from 05/27/11, with disc desiccation at L4-5 and broad central disc bulge leading to at least moderate stenosis of the spinal canal, no neural foraminal stenosis. Physical examination on 07/07/14 revealed positive straight leg raise on the left with weakness of anterior tibialis. The records indicate that the injured worker has tried medications and physical therapy without significant improvement. Examination by AME on 06/16/14 revealed 4/5 weakness of the left EHL, that there was some talk about a lumbar epidural steroid injection, but the injured worker elected not to proceed with that and that the injured worker will need treatment for his back such as epidural steroid injection and even surgery, and provision should be made for that. Based on the clinical information provided, the request for Lumbar Epidural Steroid Injection at L4-L5 is recommended as medically necessary.