

Case Number:	CM14-0142594		
Date Assigned:	09/10/2014	Date of Injury:	09/12/2002
Decision Date:	10/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/03/2014

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 47 year-old male with date of injury 09/12/2002. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/15/2014, lists subjective complaints as pain in the low back with radicular symptoms to both legs. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the L3, L4 and L5 vertebra with paraspinal spasm. Trigger points were noted on L4, L5, and Sciatic S1. Range of motion was reduced by 25% in all planes. Sensory and motor exams were normal. Diagnosis: 1. L5-S1 degenerative joint disease 2. Tear, annulus L5-S1 3. Lumbosacral radiculitis, right leg worse than left. An MRI performed on 07/2014 reported the following: 1. Chronic degeneration of the L5-S1 disc, with mild narrowing of the disc space. Midline posterior bulging of the disc annulus producing mild encroachment upon the central spinal canal and compression of the anterior thecal sac. No definite localized or lateralized herniations of this disc. Mild stenosis of the central spinal canal. No significant intervertebral foraminal stenosis. 2. The other lumbar discs are intact and normal in configuration. 3. Normal vertebral alignment. Scattered mild degenerative changes. Benign osseous lipoma in the L5 vertebral body. 4. Normal position and appearance of conus medullaris.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection-Steroid Ultrasound Guided Caudal Epidural Steroid Injection @ L5-S1, Lumbar Spine: 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 Page(s): 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient's examination shows a normal sensory and motor examination. A lumbar MRI is reported to show only mild central canal stenosis and no evidence of foraminal stenosis at the L5-S1 level. A lumbar epidural steroid injection at L5-S1 is not medically necessary.