

Case Number:	CM14-0144110		
Date Assigned:	09/12/2014	Date of Injury:	11/19/2012
Decision Date:	10/10/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 55 year old with an injury date on 11/19/12. Patient complains of lower lumbar pain radiating to right posterior thigh, pain rated 7-8/10 without pain medications, 3/10 with pain medications per 7/25/14 report. Patient's pain is alleviated by lying down, and Tylenol #3 which is effective per 7/25/14 report. Based on the 7/25/14 progress report provided by [REDACTED] the diagnoses are: 1. lower back pain, 2. lumbar disc protrusion at L4-5, 3. retrolisthesis of L5 on S1, 4. lumbar degenerative disc disease. Exam on 7/25/14 showed "straight leg raise negative bilaterally. Reflexes: trace for both quadriceps and 2+ for gastrocnemius." No range of motion testing was included in provided reports. [REDACTED] is requesting lumbar epidural steroid injection L5-S1 under fluoroscopic guidance. The utilization review determination being challenged is dated 8/11/14 and denies request due to lack of evidence of radiculopathy. [REDACTED] is the requesting provider, and he provided treatment reports from 12/10/13 to 7/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5-S1 under Fluoroscopic Guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: This patient presents with lower back pain radiating into right thigh. The treater has asked for lumbar epidural steroid injection L5-S1 under fluoroscopic guidance on 7/25/14. Review of the reports do not show any evidence of epidural steroid injections being done in the past. Patient had an MRI of L-spine on 1/7/13 which showed 3mm herniation at L4-5. Regarding epidural steroid injections, MTUS recommends them as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections, in conjunction with other rehab efforts, including continuing a home exercise program. In this case, patient reports subjective pain along the L4 dermatomal distribution (right thigh), a positive MRI showing a herniation at L4-5, and corroborative exam findings showing diminished deep tendon reflexes at the right quadriceps. The requested lumbar epidural steroid injection L5-S1 under fluoroscopic guidance appears reasonable and within MTUS guidelines. Recommendation is for authorization.