

Case Number:	CM14-0194994		
Date Assigned:	12/02/2014	Date of Injury:	10/09/2013
Decision Date:	01/14/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/20/2014

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 & Rehabilitation has a subspecialty in Pain 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 injured worker is a 36-year-old male with an original date of injury October 9, 2013. The mechanism of injury was lifting a box of grapes and straining his back. The industrially related diagnosis includes lower back pain, spinal/lumbar degenerative disc disease, and spasm of muscle. An MRI lumbar imaging on December 22, 2013 noted L4-5 and L5-S1 discogenic changes, annulus fissuring was present, left L4-L5 foraminal spur contacted the exiting L4 nerve root and there was a dorsal protrusion without significant mass effect, L5-S1 neural foramina narrowing without significant central canal stenosis. The patient was taking Zanaflex and ibuprofen for pain management. He has had failed conservative treatments such as physical therapy. There was positive straight leg raise bilaterally with bilateral decreased sensation in the lateral calves. The disputed issue is the request for lumbar epidural steroid injection L5-S1. A utilization review on October 23, 2014 has non-certified this request. The rationale for denial was the current dermatomal radicular pain pattern is not provided. Per guidelines, radiculopathy must be documented by physical examination and collaborated by imaging studies and/or electrodiagnostic testing. The pain pattern is not detailed and available lumbar MRI is noted and is not collaborative for the requested L5-S1 Epidural Steroid Injection.

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: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

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

Decision rationale: In a progress note on date of service June 25, 2014, the documentation provided indicate the patient has radicular pain down bilateral lower extremities to the knees, intermittent numbness and tingling of bilateral lateral calf region, intermittent weakness of bilateral lower extremities. On exam, the patient was found to have positive bilateral straight leg raise, and reduced sensation to light touch in the left lateral calf as well as dorsum and lateral portion of the foot, and decreased sensation to light touch in the L5 and S1 nerve distribution. An MRI of lumbar spine on December 22, 2013 reported left L4-L5 foraminal spur contacting the exiting L4 nerve root and L5-S1 neuroforaminal stenosis without central canal stenosis. Patient has failed conservative measures such as pain medications and physical therapy. In light of these findings and given that Lumbar Epidural Steroid Injection can spread to nearby vertebral levels such as L4-5 level, this procedure may be helpful in the treatment of his lower back pain. Therefore, this request is medically necessary.