

Case Number:	CM14-0173274		
Date Assigned:	10/24/2014	Date of Injury:	05/02/2014
Decision Date:	11/25/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/20/2014

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 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 56-year-old male with an injury date of 05/02/14. Based on the 08/29/14 progress report provided by [REDACTED] the patient complains of chronic low back pain rated 5-8/10. Physical examination to the lumbar spine revealed left radiculopathy extending down the left buttock and leg not going below the knee, negative Faber and Gaenslen's tests, reflexes and muscle strength normal. MRI of Lumbar Spine Impression 02/12/14- L2 - L3 large disk extrusion causing severe right sided nerve root compression- L3 - L4 small central protrusion and annular bulge with some central stenosis- L4 - L5 annular bulging, moderate facet arthritis, and severe ligamentum thickening- L5 -S1 severe discogenic disease with disc osteophyte bulging and mild facet arthritis Diagnosis 08/29/14 was:- degenerative disc disease- discopathic pain- large herniated nucleus pulposus L2-3 with fragmentation- severe lumbar degenerative disc disease L5- S1 Dr. [REDACTED] is requesting Lumbar epidural steroid injection under fluoroscopy. The utilization review determination being challenged is dated 09/23/14. The rationale was not provided. [REDACTED] is the requesting provider and he provided treatment reports from 05/05/14 - 10/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection under fluroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 46-47.

Decision rationale: The patient presents with chronic low back pain rated 5-8/10. The request is for Lumbar epidural steroid injection under fluoroscopy. His diagnosis 08/29/14 includes large herniated nucleus pulposus L2-3 with fragmentation and severe lumbar degenerative disc disease L5- S1. MTUS has the following criteria regarding ESIs, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," Per provider report dated 08/09/14, patient presents with herniated nucleus pulposus at L2-L3, however there is no documentation that this herniation is causing the patient's leg symptoms. MRI dated 06/12/14 shows L5 -S1 severe discogenic disease with disc osteophyte bulging and mild facet arthritis. However, examination does not mention straight leg rising (SLR's), and motor/sensory changes were normal. MTUS requires a clear documentation of radiculopathy for a trial of ESI. Furthermore, provider has not indicated the levels where the injections would be performed. Recommendation is for denial.