

Case Number:	CM13-0004237		
Date Assigned:	11/01/2013	Date of Injury:	08/03/2009
Decision Date:	01/14/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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 male who reported an injury to his low back on 08/03/2009. The patient is noted to have treated extensively throughout the years with physical therapy, chiropractic treatments, lumbar epidural steroid injections, and facet radiofrequency ablation. His most recent lumbar epidural steroid injection was performed on 01/14/2013. He is reported to have undergone an MRI in 2010 of the lumbar spine, which is reported to show multilevel degenerative disc disease. A request was submitted for a repeat lumbar epidural steroid injection. The California MTUS Guidelines state the decision to perform repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in pain medications for 6 weeks to 8 weeks, and note that, prior to giving epidural steroid injections, radiculopathy must be documented by physical exam and corroborated by imaging studies. The patient is noted to have undergone a previous epidural steroid injection in 01/2013, which was reported to have given him 100% relief of his radiating pain; however, there is no documentation of radiculopathy findings on physical exam and no imaging studies were submitted for review that document neurological impingement. As such, the request for an epidural steroid injection does not meet guideline recommendations. Based on the above, the requested left epidural injection at L4-5, L4-S1 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

left epidural injection at L4-5, L4-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AME.

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

Decision rationale: The patient is a 55-year-old male who reported an injury to his low back on 08/03/2009. The patient is noted to have treated extensively throughout the years with physical therapy, chiropractic treatments, lumbar epidural steroid injections, and facet radiofrequency ablation. His most recent lumbar epidural steroid injection was performed on 01/14/2013. He is reported to have undergone an MRI in 2010 of the lumbar spine, which is reported to show multilevel degenerative disc disease. A request was submitted for a repeat lumbar epidural steroid injection. The California MTUS Guidelines state the decision to preform repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in pain medications for 6 weeks to 8 weeks, and note that, prior to giving epidural steroid injections, radiculopathy must be documented by physical exam and corroborated by imaging studies. The patient is noted to have undergone a previous epidural steroid injection in 01/2013, which was reported to have given him 100% relief of his radiating pain; however, there is no documentation of radiculopathy findings on physical exam and no imaging studies were submitted for review that document neurological impingement. As such, the request for an epidural steroid injection does not meet guideline recommendations. Based on the above, the requested left epidural injection at L4-5, L4-S1 is non-certified.

chiropractic (post injection) sessions 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The request for left epidural steroid injection at L4-5, L4-S1 was non-certified due to lack of documentation of radiculopathy findings on the patient's physical exam and no imaging studies submitted for review to documentation neurological impingement. The request for an epidural steroid injection did not meet guideline recommendations. Per clinical documentation submitted for review, the patient was noted to have undergone chiropractic treatments in the past. There was a lack of documentation noting the patient's objective functional improvements due to prior chiropractic treatments in the submitted documentation. Given the above, the decision for chiropractic (post injection) sessions 2 times a week for 4 weeks is non-certified.