

Case Number:	CM13-0006385		
Date Assigned:	03/07/2014	Date of Injury:	02/08/1999
Decision Date:	04/02/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/02/2013

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:

This is a 77-year-old female with a 2/8/1999 industrial injury claim. According to the 7/8/13 report from [REDACTED], the patient presents with moderate pain across the low back without radicular symptoms. It was a burning quality and was 5/10 intensity. She walks with a front-wheeled walker, had grade four (4) weakness in left knee extension and ankle dorsiflexion. The 3/4/10 MRI was reported to show posterior fusion L4/5 with adjacent level disease in the form of grade one (1) anterolisthesis of L3 on L4 with bilateral foraminal narrowing and L2/3 central canal and foraminal narrowing. She has been diagnosed with chronic low back pain; lumbar spinal stenosis; and status post laminectomy and posterior fusion L4/5 for spondylolithesis and stenosis in 2000. She is using OxyContin 30mg twice a day; and oxycodone 30mg every three (3) hours, and polyethylene glycol 17g daily. She was reported to have had prior lumbar epidural steroid injection (LESI) in 2009, at the left L3, transforaminal approach, with the first injection giving 1-month of good relief, and the 2nd injection not helping at all. [REDACTED] suggested an interlaminar epidural steroid injection (ESI) rather than transforaminal in hopes to get better spread of the injectate. On 7/18/13, the Utilization Review (UR) denied the interlaminar ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 INTERLAMINAR LUMBAR EPIDURAL STEROID INJECTION WITH CT GUIDANCE: 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 EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: According to the 7/8/13 report from [REDACTED], the patient presents with moderate pain across the low back without radicular symptoms. The Chronic Pain Guidelines indicate that epidural steroid injections (ESIs) are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The guidelines also indicate that the criteria for the ESI is: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." And "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." In this case, the patient does not have radicular symptoms, there was no pain in a dermatomal distribution, and there have been two (2) prior failed ESIs in 2009. The request for an interlaminar ESI is not in accordance with the guidelines.

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