

Case Number:	CM13-0016143		
Date Assigned:	10/11/2013	Date of Injury:	02/25/2005
Decision Date:	07/30/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

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 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 this 49-year-old male was reportedly injured on February 25, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated August 9, 2013, indicated that the injured employee had a lumbar epidural steroid injection on May 31, 2013 and felt greater than 50% better regarding the numbness in his legs; however, there was still complaints of low back pain and leg weakness. The physical examination demonstrated a positive bilateral straight leg raise and decreased sensation at the bilateral feet. There was decreased lumbar spine range of motion and muscle spasms of the bilateral lumbar paraspinal muscles. A second lumbar epidural steroid injection and Flexeril were recommended. A request had been made for a repeat lumbar epidural steroid injection on the right at L4, left L5, and right S1 and was not certified in the pre-authorization process on August 16, 2013. 5770

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT LUMBAR ESI AT RIGHT L4, LEFT L5, AND RIGHT S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, epidural steroid injections are only indicated when a radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care based on the clinical documentation provided. There was insufficient clinical evidence that the proposed procedure meets the MTUS guidelines specifically. There was no accuracy or specificity of the lower extremity neurological examination nor was there any discussion of the results of imaging studies. As such, the request for a repeat lumbar epidural steroid injection on the right at L4 and on the left at L5 and the right S1 is not medically necessary.