MAXIMUS Federal Services

Case Number:	CM13-0017102		
Date Assigned:	06/06/2014	Date of Injury:	04/12/2009
Decision Date:	07/11/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/27/2013

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 Anesthesiology and is licensed to practice in Massachusstts, New Jersey, Connecticut and Texas. 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 64 year old female whose date of injury is 04/12/2009. On this date she fell into a chair after being pushed. She underwent right L4-5 transforaminal and right L3-4 interlaminar lumbar epidural steroid injection on 09/16/09. MRI of the lumbar spine dated 06/01/12 revealed at L4-5 there is diffuse disc protrusion with effacement of the thecal sac. Spinal canal is normal and shows no sign of stenosis. There is narrowing of bilateral lateral recesses without significant impingement on transiting nerve roots. There is bilateral stenosis of neural foramina that effaces the right and encroaches the left L4 exiting nerve roots. She underwent bilateral L4-5 facet blocks on 10/23/12. The injured worker has been recommended to undergo an epidural steroid injection at L4 and L5 with anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at the level of L4 and L5 with anaethesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: Based on the clinical information provided, the request for injection of diagnostic or therapeutic substance is not recommended as medically necessary. The submitted records indicate that the injured worker has been recommended to undergo an epidural steroid injection at L4 and L5 with anesthesia. CA MTUS guidelines require documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy. There is no indication that the injured worker has undergone any recent active treatment. There is no documentation of needle phobia or extreme anxiety to support anesthesia. Therefore, the request for Epidural steroid injection at the level of L4 and L5 with anaethesia is not medically necessary and appropriate.