MAXIMUS Federal Services

Case Number:	CM13-0018262		
Date Assigned:	01/22/2014	Date of Injury:	10/15/2011
Decision Date:	04/15/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/29/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 55-year-old male who reported injury on November 15, 2011. The mechanism of injury was a motor vehicle accident. The patient's diagnosis was displacement of the lumbar disc without myelopathy. The patient underwent a lumbosacral epidural steroid injection at L5-S1 on June 20, 2013 via caudal epidural shunt. The patient indicated he had low back pain and radiculopathy that was stable following the injection treatment. The patient indicated he had residual symptoms with lumbar spine pain and radiculopathy. The patient had moderate tenderness over L4-5 and L5-S1. The patient had 5/5 motor strength with bilateral hip flexion and abduction and with bilateral knee flexion and extension, but the patient had 5-/5 strength with bilateral ankle dorsiflexion and plantar flexion. The sensory examination of the upper and lower extremities was grossly intact to light touch in all dermatomes. The straight leg raise test was positive bilaterally at a 40 to 50 degree angle while sitting. The diagnostic impression was multilevel degenerative spondylosis from L2-3 to L5-S1 and L4-5 and L5-S1 lumbar disc protrusion with neural foraminal stenosis and nerve root impingement and bilateral lumbar radiculopathy. The treatment indicated the patient had a successful trial of a lumbar epidural steroid injection and the physician opined the patient could benefit from a therapeutic lumbar epidural injection again at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-5 AND L5-S1 LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection. Decision based on Non-MTUS Citation Official Disability Guidelines - online version - Low Back - Epidural Steroid Injections.

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

Decision rationale: The California MTUS Guidelines indicate that a repeat epidural is appropriate when there is objective documented pain relief and objective functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The patient had a caudal epidural steroid injection on June 20, 2013 at the levels of L5-S1; there is lack of documentation of the above criterion for a repeat injection. Additionally, there was a lack of documentation including the official MRI to support the level of L4-L5. There is a lack of dermatomal and myotomal findings to support the necessity for an epidural steroid injection, as there was a lack of documented radicular findings. The straight leg raise was positive; however, there is a lack of documentation indicating if the pain radiated. Given the above, the request for a bilateral L4-5 and L5-S1 lumbar epidural steroid injection is not medically necessary.