

Case Number:	CM13-0019921		
Date Assigned:	10/11/2013	Date of Injury:	09/12/2007
Decision Date:	02/03/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/04/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma 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 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 48-year-old female who reported a work-related injury on 09/12/2007. The patient has diagnoses of lumbar radiculopathy and lumbar herniated nucleus pulposus at L4-5 and L5-S1 with tear and stenosis. The patient ambulates with a slow gait and complains of persistent pain to her lower back. The patient underwent a lumbar epidural steroid injection on 12/14/2012. A request was made for left L4-5, L5-S1 Transforaminal ESI

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5, L5-S1 Transforaminal ESI: Upheld

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

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

Decision rationale: Recent clinical documentation stated the patient ambulated with a slow gait and appeared to be in a fair amount of pain. She had increased pain and tenderness and limited range of motion. The patient had ongoing positive bilateral straight leg raise. The California Chronic Pain Medical Treatment Guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain. The patient's electrodiagnostic studies

dated 10/08/2012 revealed no evidence of peripheral neuropathy or active lumbar radiculopathy in the bilateral lower extremities. The criteria for the use of epidural steroid injections include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was a lack of recent clinical documentation submitted noting any clear cut findings of radiculopathy per physical exams of the patient. Furthermore, the patient must be noted to have been initially unresponsive to conservative treatment. There was no documentation stating the patient had failed conservative treatment to include exercises, physical therapy, NSAIDs, or muscle relaxants. Guidelines further state that 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 6 to 8 weeks. Clinical documentation stated the patient underwent epidural injections into the low back, which she reported did not improve her symptoms significantly. As such, the decision for left L4-5, L5-S1 Transforaminal ESI is non-certified.