

Case Number:	CM13-0020061		
Date Assigned:	11/08/2013	Date of Injury:	03/18/2011
Decision Date:	01/16/2014	UR Denial Date:	07/18/2013
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 56-year-old male who reported an injury on March 18, 2011, due to a motor vehicle accident. The patient has been treated conservatively with medications and physical therapy without significant improvement. An MRI revealed significant disc bulge at the L5-S1 with moderate right neural foraminal stenosis, and disc protrusions at the L1-2 and L4-5, indenting on the thecal sac. The patient underwent an epidural steroid injection. The patient's most recent clinical evaluation reported that the patient had 70% improvement in symptoms after the most recent epidural steroid injection. It was noted that the patient had a decrease in medications and was able to return to work and participate in a home exercise program. The patient's most recent clinical examination findings included a positive straight leg raising test to the left, positive Kemp's test to the left and decreased Achilles reflex on the left side, and decreased sensation in the L5 and S1 nerve distributions on the left side. The patient's diagnoses included lumbar disc herniation at the L5-S1, L1-2, L4-5, and lower extremity radicular pain. The patient's treatment plan included medication usage and an additional epidural steroid injection. ¶¶

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L5-S1, 62311: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injec.

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

Decision rationale: The requested lumbar epidural steroid injection at the L5-S1 is not medically necessary or appropriate. The patient does have low back pain with radicular symptoms consistent with the L5-S1 dermatomes. The California MTUS recommends repeat epidural steroid injections when there is documentation of at least 50% pain relief for 6 to 8 weeks, and a reduction in medications and functional improvement. The clinical documentation submitted for review does indicate that the patient received 65% to 70% pain relief and was able to participate in a home exercise program and reduce medications. However, the date of the previous injection was not provided; therefore, the duration of relief cannot be determined. As such, the requested lumbar epidural steroid injection L5-S1 is not medically necessary or appropriate.