

Case Number:	CM13-0021118		
Date Assigned:	11/08/2013	Date of Injury:	06/07/2007
Decision Date:	05/26/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	09/06/2013

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 Orthopedic Surgery 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 claimant is a 50-year-old female who was injured in a work related accident on June 7, 2007 injuring her low back. Records for review include most recent imaging of December 12, 2012, an MRI report revealing postsurgical changes at the L5-S1 level with no indication of recurrent disc protrusion, extrusion, nerve root impingement or stenotic findings. Prior surgery was an L5-S1 Microdiscectomy and Laminectomy. Also available for review was an August 28, 2013 electrodiagnostic study to the lower extremities showing evidence of a mild chronic right L5 and left S1 radicular process. Follow-up clinical visit of October 25, 2013 indicated continued complaints of low back pain with radiating leg pain. On that date, the claimant underwent bilateral L4-5 epidural steroid injections. Final Determination Letter for [REDACTED] [REDACTED] Follow-up of December 11, 2013 indicated the claimant was with continued low back and radiating leg pain citing no long term benefit with epidural procedure. Examination showed 5/5 motor strength against resistance with the exception of the L5 level which was with 4/5 strength to long toe extension. Reflexes were equal and symmetrical. There continued to be sensory change about the L5 dermatomal distribution. Recommendations at that time were for an L5-S1 transforaminal epidural injection for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 OUTPATIENT BILATERAL LUMBAR EPIDURAL STEROID INJECTION (ESI) AT THE L5 AND S1 LEVELS: 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 Epidural Steroid Injections (ESIS) Page(s): 46.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, epidural injection would not be supported. While this individual is noted to be with chronic L5 changes noted on recent electrodiagnostic studies, there is no indication of acute compressive pathology or demonstration of benefit with previous epidural injections to support the role of a repeat procedure. Guidelines indicate repeat epidural injections are only indicated if greater than 50% pain relief is noted for six to eight weeks based on continued objective demonstration of functional improvement. The absence of six to eight weeks of benefit with previous procedure would fail to necessitate further epidural procedures at this time.