

Case Number:	CM13-0022740		
Date Assigned:	11/13/2013	Date of Injury:	03/11/2008
Decision Date:	01/24/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/10/2013

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 Orthopedic Surgery and is licensed to practice in New Hampshire, New York, and Washington. 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 has a date of injury of March 11, 2008. The mechanism of injury is not documented. The patient has chronic low back pain, reports pain as being 6/10 on a VAS scale, and reports pain in the right and left leg. Physical examination reveals an antalgic gait, with diminished left Achilles and patellar reflex. There was also diminished right Achilles and patellar reflex. Faber and Patrick's tests are positive. There is pain to palpation of the lumbar spine, and pain with rotation of the lumbar spine. Another physical exam on November 7, 2010, documents diminished sensation of the left S1 dermatome. X-rays from July 2008 show multiple levels of disc degeneration with small spurs at all levels. Flexion-extension x-rays from November 2000, do not document any significant instability in the lumbar spine. MRI of the lumbar spine from November 2011 documents a small 4-5 mm disc bulge at L4-5 which indents the cal sac. It also documents multilevel disc degeneration. The patient was diagnosed with lumbar disc herniation and lumbar disc degeneration. Current medications include Naprosyn. The patient has not had any previous spinal surgery. The patient had a previous epidural steroid injection to the lumbar spine in May 2013, without resolution of radiculopathy and no documented improved functional capacity. The patient did get some relief of lumbar pain with the injection. At issue is whether another lumbar epidural steroid injection is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection of the lumbar spine: Overturned

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

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

Decision rationale: The patient is diagnosed with multiple levels of lumbar disc degeneration and a small lumbar disc herniation. The previous lumbar epidural steroid injection did not provide significant and lasting relief of the patient's symptomatology. Specifically there is no functional improvement including at least 50 percent of pain reduction, and association with reduction of medication use for a period of 6-8 weeks was not documented in the records. The medical records do not document any reduction the use of medication and lasting pain relief and functional improvement are not documented after the previous injection. The request for an epidural steroid injection for the lumbar spine is not medically necessary and appropriate.