

Case Number:	CM13-0022850		
Date Assigned:	04/25/2014	Date of Injury:	06/06/2009
Decision Date:	10/29/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/16/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 patient is a 63 year old female who sustained an industrial injury on 06/06/2009. She is status post L4-5 fusion on 5/27/2011. Diagnoses include lumbar radiculitis, spondylosis, and post-laminectomy syndrome. According to the records, a prior peer review completed on 8/29/2013 non-certified the request for lumbar epidural steroid injection. The request was not supported by the guidelines, and medical necessity was not established. According to the records, a 1/12/2011 lumbar spine MRI revealed L2-L3 1mm tiny central annular tear, mild bilateral hypertrophic facet arthropathy L3-4, L4-L5 mild grade I anterolisthesis, bilateral hypertrophic facet arthropathy, left L4 pars somewhat attenuated and irregular. 4/12/2012 EMG/NCV of bilateral lower extremities revealed normal study. According to the 11/16/2012 progress note, the bilateral L4-5 TFESI done on 6/18/2012 reportedly provided 70% relief until October, and repeat TFESI was certified on 11/20/2012; there was bilateral leg pain, numbness, tingling, and weakness on examination. According to the 2/19/2013 progress note, the bilateral L4, 5 TEFSI on 2/4/2013 provided 50% improvement. The 9/11/2013 report documents the patient presents for follow-up for her lumbar complaint. The 2/4/2013 was helpful in reducing her back and lower extremity pain. Past surgical history includes knee arthroscopy and TKA. Medications include zanaflex, Theramine, trepadone, GABAdone, sentra PM, Atenolol, Ambien, anaprox DS, Ultram, Norco, Gabapentin, and Tramadol. Lumbar CT indicates hardware is good position. Physical exam reports lumbar pain with SLR, altered sensation, and no weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION: 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: It is reported that the prior lumbar ESI in 2/2013 provided pain relief, however, there is insufficient evidence to support the prior injection provided at least 6-8 weeks reduction in pain with notable and reduction in medication use and objective functional improvement. Review of the medical documentation does not support improvement was obtained as required by the guidelines to support a repeat lumbar epidural injection. In addition, the guidelines require that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. The patient's EMG/NCV revealed a normal study and there is no evidence of a neurocompressive lesion on diagnostic imaging. The request is not supported by the guidelines. The request for Lumbar Epidural Steroid Injection is not medically necessary.