

Case Number:	CM13-0023909		
Date Assigned:	01/03/2014	Date of Injury:	07/12/2011
Decision Date:	08/15/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/13/2013

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 Pennsylvania. 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 51-year-old female who was injured on 07/12/11. Clinical records provided for review specific to her low back include a September 3, 2013 Request for Authorization documenting complaints of chronic low back pain and radiating left greater than right pain to the knee. Formal physical examination findings were not noted on that date. Recommendations were for lumbar epidural steroid injections to be performed at the L4-5 and L5-S1 levels. The follow up report of October 13, 2013 documented that the lumbar examination revealed tenderness to palpation with paraspinous spasm, restricted range of motion, positive straight leg raise and the neurologic examination was noted to be the same as before. On the 06/18/13 report there is documentation of a sensory deficit in the L5-S1 distribution. There were no formal imaging reports for review. It was documented by the physician that the patient had electrodiagnostic evidence of an S1 radiculopathy on August 15, 2013. The physician also cites a previous MRI scan showing a disc protrusion of 5-6 millimeters at the L5-S1 level and 2 millimeters at the L4-5 level; date not provided. It was documented that conservative treatment has included lumbar epidural steroid injections, medication management and therapy. This request is for the two level injection procedure. There is no documentation regarding the dated of the prior injections or the benefit received from the prior injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI at the left L4-L5,L5-S1 to the lumbar spine.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Epidural steroid injections (ESIs), page 46 Page(s): 46.

Decision rationale: The California MTUS Chronic Pain Guidelines do not recommend the request for L4-5 and L5-S1 lumbar epidural steroid injections. The medical records document a lack of clinical correlation between examination findings and the claimant's imaging that is not available for review. Chronic Pain Guidelines clearly recommend that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Without documentation of definitive compressive findings at both the L4-5 and L5-S1 levels, the requested two level epidural injections would not be supported.