

Case Number:	CM13-0024878		
Date Assigned:	11/20/2013	Date of Injury:	03/06/2008
Decision Date:	01/23/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/17/2013

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 date of injury is March 6, 2008. While the patient was working as a plumber he suffered a crush injury. The patient also sustained a clavicle fracture. The patient complained of intermittent numbness in the arms bilaterally. He also had intermittent numbness and shocking type feelings in the lower extremities. On physical examination there was a decreased range of motion in the lumbar spine secondary to pain. The patient had tenderness over the lumbar paraspinal muscles. Altered sensation was noted at the L5-S1 nerve distribution bilaterally. The patient was diagnosed with discogenic low back pain and bilateral L5-S1 radiculitis along with lumbar degenerative disc disease. The patient's current medications include Narco, nortriptyline, gabapentin, and Voltaren. The patient had open reduction internal fixation of the left clavicle in July of 2008. Lumbar magnetic resonance imaging in July of 2009 documented a very small annular tear at L5-S1 and a 1mm broad-based disc protrusion at L4-5. In January 2000 and a thoracic MRI documented minor disc bulges at T6-7, T8-9, and T10-11. In October 2011, the patient had EMG nerve conduction testing that documented bilateral L5-S1 radiculitis. The patient underwent previous lumbar epidural steroid injection on January 10, 2012 and on January 7, 2013. There is no documentation in the provided medical records as to the degree of pain relief achieved by the previous epidural steroid injection therapy. The records remains unclear as to just how effective the previous lumbar epidural steroids were in relieving the patient's back pain symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Trasforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guideline or Medical Evidence

Decision rationale: The patient has had 2 previous lumbar epidural steroid injections without proper documentation of the degree and duration of pain relief achieved with each injection. It is unclear as to what specific outcome was achieved with previous epidural steroid injection treatment. These issues should be clarified prior to consideration of additional epidural steroid injection treatment. Additional, current published recommendations (see above MTUS page 46) suggest that a 3rd epidural steroid injection is rarely medically necessary and not likely to produce lasting back pain relief. The Epidural steroid injection treatment, is not medically necessary at this time.