

Case Number:	CM13-0027089		
Date Assigned:	11/22/2013	Date of Injury:	12/17/2010
Decision Date:	02/12/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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.

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 64-year-old who reported a work-related injury on 12/17/2010. Her diagnoses include spondylolisthesis with spinal stenosis L4-5 and lumbar disc herniation L3-5. The patient has undergone physical therapy treatments, acupuncture, chiropractic treatments, trigger point injections, epidural injections x1, and cervical spine injections x2. The mechanism of injury was noted as a slip and fall on a wet floor. The patient claimed injury to her neck, low back, left shoulder, and left hip. The patient's MRI of the lumbar spine noted 3 levels of lumbar spondylosis from L3-S1 with hypertrophic facets and spondylosis. A 3 mm disc bulge at both L3-4 and L4-5 was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right repeat translaminar lumbar epidural steroid injection at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 49.

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

Decision rationale: A detailed sensory examination of the lower extremities noted sensations were decreased on the right side at L3-S1 nerve roots. Motor strength was 5/5 in bilateral lower extremities. The California Chronic Pain Medical Treatment Guidelines indicate criteria for the

use of epidural steroid injections to include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There were no clear-cut findings of radiculopathy that would identify specific nerve compromise on the patient's physical exam. She was noted to have normal reflexes and normal motor strength of her lower extremities. Furthermore, the patient was not noted to have had at least 50% pain relief with associated reduction of medication used for 6 to 8 weeks following her prior epidural steroid injection. The request for a right repeat translaminar lumbar epidural steroid injection at L4-L5 is not medically necessary or appropriate.