

Case Number:	CM13-0027651		
Date Assigned:	11/22/2013	Date of Injury:	07/19/2012
Decision Date:	01/28/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/23/2013

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. 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 68-year-old female who reported a work-related injury on 07/19/2012 as the result of a fall. The patient presents for treatment of low back pain and right knee pain. MRI of the lumbar spine dated 03/04/2013 signed by [REDACTED] revealed: (1) moderate degenerative changes of the lumbar spine are presented, with severe central canal narrowing at L3-4, moderate central canal narrowing at L4-5, and moderate neural foraminal narrowing at the left at L5-S1; and (2) an old mild compression fracture of L2. The clinical note dated 08/20/2013 reports the patient was seen under the care of [REDACTED]. The provider documents upon physical exam of the patient, the patient ambulates with an antalgic gait supported with a cane due to other medical complexities, low back pain, and right knee pain. The provider documents the patient has varicosities of the limbs in both legs and pedal edema for other medical comorbidities. The patient's sitting slump test and straight leg raise are difficult to assess, range of motion was guarded in the knee as well as the low back region. The provider documented the patient was recommended for an epidural steroid injection to the low back region at L4-5 and L5-S1. A follow-up clinical note dated 10/29/2013 reports the patient was seen for a permanent and stationary report/maximum medical improvement report under the care of [REDACTED] who documented that no active treatment be required for the low back pain or knee point of view, only pain medication, which can assist the patient in pain intensity and frequency.

IMR ISSUES, DECISIONS AND RATIONALES

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

bilateral lumbar epidural steroid injection (ESI) at levels L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California epidural steroid injection (ESI) guidelines.

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

Decision rationale: California MTUS guidelines recommend for an Epidural Steroid injection that Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment. The clinical documentation submitted for review fails to support the requested injection at this point in the patient's treatment. The clinical documents do not indicate that the patient presented with either imaging study evidence of objective findings of symptomatology in the specific dermatome of L4-5, L5-S1 to support injection therapy. The imaging of the patient's lumbar spine did not reveal any nerve root involvement at the L4-5, L5-S1 level. Given all the above, the request for outpatient services for one bilateral lumbar epidural steroid injection (ESI) at levels L5-S1 is neither medically necessary nor appropriate.