

Case Number:	CM13-0029029		
Date Assigned:	11/27/2013	Date of Injury:	06/18/2012
Decision Date:	02/12/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/24/2013

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 Occupational 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 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 44-year-old female with date of injury 06/18/2012. Over the course of the last year, she has been treated primarily by [REDACTED] and [REDACTED]. The patient currently has diagnoses of cervicalgia, neck sprain, thoracic sprain, and lumbar sprain. Her treatment has consisted of medication, chiropractic, physical therapy, and one lumbar epidural steroid injection at L4-5. The patient reported only 30-40% improvement in her pain level following the lumbar epidural steroid. The patient's subjective complaints have varied over the course of the last year, but she complains primarily of low back pain radiating into both legs, usually right greater than left. Each physical exam had positive findings for straight leg raising. Her motor exam was normal until 09/11/2013 when [REDACTED] noted right hamstring weakness. The patient's bilateral lower extremity EMG/NCS are normal. MRI of the lumbar spine performed on 03/14/2013 has following conclusion: 1. The L5-S1 level demonstrates a mild bulging annulus with a mild superimposed central protrusion. Only mild effacement of the thecal sac/canal. Mild right foraminal stenosis. 2. DJD distal facet joints, moderate on the left at the L5-S1 level. 3. Very mild disc disease along the L3-4 and L4-5 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Outpatient Interlaminar Epidural Steroid Injection (ESI) at right lumbar level L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Â§9792.20 - 9792.26, Page(s): 46.

Decision rationale: The patient received an intralaminar lumbar epidural steroid injection at L4-5 on 04/05/2013. The records are unclear as to why this level was chosen considering the MRI shows the pathology to be at L5-S1. I suspect the injection was given at L4-5 and due to her subjective complaints documented by [REDACTED], pain radiating to the big toe, the L5 dermatome. On 09/11/2013 there was a change in the patient's motor examination. On that date [REDACTED] noted right hamstring weakness of 4/5. Fortunately for the patient, her hamstring strength had returned by her visit to [REDACTED] on 11/12/2013 and her motor exam has remained unchanged since that time, based on the available records. [REDACTED] has requested the epidural steroid injection at L5-S1 for diagnostic purposes. She notes that the injection will be given for both pain relief and to help determine whether the patient is a candidate for L5-S1 microdiscectomy. The previous injection at L4-5 would not have been helpful in determining whether the patient is a surgical candidate. Intralaminar L5-S1 lumbar epidural steroid injection is medically necessary.