

Case Number:	CM13-0030112		
Date Assigned:	12/11/2013	Date of Injury:	06/20/2013
Decision Date:	02/10/2014	UR Denial Date:	09/18/2013
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 Orthopedic Surgery 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 claimant is a 58-year-old female who was injured in a work related accident on June 20, 2013. Records indicate current low back complaints. Imaging includes a lumbar MRI report of July 12, 2013 that showed the L5-S1 level to be with disc desiccation with a 2 millimeter central protrusion and flattening of the thecal sac but no compression of the exiting nerve roots. The L4-5 level was with disc desiccation and 2 millimeter disc protrusion that abuts the emerging L5 nerve roots bilaterally. Recent clinical assessment of October 14, 2013 with [REDACTED] indicated ongoing low back complaints and left leg pain stating failure with prior conservative care including physical therapy, medication management and activity restrictions. Physical examination findings demonstrated positive straight leg raising with restricted ankle dorsiflexion and plantar flexion at 5-/5 and diminished sensation over the L5 and S1 dermatomal distribution to the right lower extremity. Reviewed was the claimant's MRI scan. Recommendations were for epidural steroid injections to be performed at the left L5-S1 level given the claimant's ongoing current complaints. The procedure was performed on November 8, 2013. At a followup on December 2, 2013 it stated the claimant continued to be with pain complaints with similar physical examination findings and a repeat injection was recommended at that time for further course of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL CORTISONE INJECTION AT LEFT L5-S1: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, a repeat injection at the left L5-S1 level would not be indicated. Request in this case was made on December 2nd, only three weeks from time of initial injectual procedure. Clinical criteria indicates that repeat injection should only be indicated if 50% improvement is noted for a six to eight week period of time with associated reduction in medication usage. The absence of six to eight weeks benefit from initial procedure would fail to have necessitated the role of repeat injection in this case.