

Case Number:	CM13-0030150		
Date Assigned:	11/27/2013	Date of Injury:	12/18/2012
Decision Date:	01/24/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/26/2013

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:

This is a 45-year-old female who sustained an injury to the lumbar spine in a work-related accident on 12/18/12. The clinical records for review include a lumbar MRI report dated 3/11/13 that showed the L4-5 level to be with a 2 mm. disc bulge with no significant central or foraminal stenosis and the L5-S1 level to be with moderate disc loss, diffuse disc bulging, and bilateral foraminal narrowing. Recent clinical assessment for review includes a 7/12/13 assessment with [REDACTED] indicating persistent pain about the low back, difficulty sleeping, and shooting pain and spasm. Objective findings demonstrated positive straight leg raising at 70° bilaterally with diminished range of motion. Documentation of neurologic findings was not noted. It states that the claimant has failed a course of recent physical therapy, and the recommendations were for epidural steroid injections to be performed at the L4-5 and L5-S1 level for further treatment. A follow-up visit dated 8/15/13 indicated that the claimant had epidural injections performed on 8/5/13 that provided only "some relief." She noted "20% improvement." At present, a request for a second epidural procedure to be performed at the L4-5 and L5-S1 levels is being recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for Lumbar Epidural Steroid Injection at Levels L4-5 and L5-S1 between 9/30/13 and 10/31/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: California MTUS Guidelines do not support the role of repeat epidural injections in this case. First and foremost, radiculopathy is not documented on physical examination or corroborated by imaging studies at the two requested levels. The claimant's L5-S1 level is with absent compressive findings with the claimant's physical examination demonstrating no neurologic finding of radiculopathy. Furthermore in this case, initial epidural injection procedure was performed that did not demonstrate more than 20% pain relief. Guideline criteria would include the need for up to 50% pain relief for a period of 6-8 weeks documented by reduction in use of medications and functional improvement. This was not noted in this case. The specific request for a repeat epidural injection would not be indicated.