

Case Number:	CM13-0030762		
Date Assigned:	11/27/2013	Date of Injury:	02/08/2008
Decision Date:	04/22/2014	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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. 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 expert 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 58-year-old female who was injured on 02/08/2008. Current diagnoses include bilateral sciatica with left patellar tendinitis and bilateral knee osteoarthritis. A request was made for a lumbar epidural steroid injection at L3/L4. The patient has had an undated left knee arthroplasty. A report filed on 08/14/2013 noted subjective complaints of pain radiating to the lower extremities along with left knee pain. On the left side, the pain radiated down to the foot with numbness and tingling primarily on the lateral side and there was significant pain radiating from the buttocks to the foot on the right side. Straight leg rising on both legs, produced pain down the extremities. Achilles tendon reflexes were 1+ on the right, but absent on the left, and motor function was intact. An MRI performed on 6/8/2012 showed mild spinal canal narrowing at L4/5 and mild left neural foraminal stenosis at L5/S1. Submitted documentation does not indicate specific conservative treatment in regards to the patient's radiating back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LUMBAR EPIDURAL STEROID INJECTION AT L3-L4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs
Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low
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Decision rationale: CA MTUS notes that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. While for diagnostic purposes, a maximum of two injections can be performed if there is inadequate response to the first block. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. The ODG states that radiculopathy must be documented. Objective findings on exam need to be present, and radiculopathy must be corroborated by imaging studies. Also, the patient must be unresponsive to conservative treatment including exercises, and physical methods. For this patient, the subjective and objective findings do not correlate with the levels of pathology noted on the MRI and do not correspond to the desired injection level. There are no documented objective findings of sensory deficits along the L3/4 dermatome. Furthermore, it is not evident that the patient has been unresponsive to exercise and physical therapy for these complaints. Therefore, the medical necessity of an epidural steroid injection at L3/L4 is not established.