

Case Number:	CM13-0031597		
Date Assigned:	12/04/2013	Date of Injury:	02/04/2011
Decision Date:	01/29/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/03/2013

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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 49-year-old female who reported a work-related injury on February 04, 2011. The clinical documentation presented for review states that the patient is being treated for chronic low back complaints. The patient has been diagnosed with lumbar disc disease, lumbar radiculopathy, and right sacroiliac joint arthropathy. The patient recently underwent 2 lumbar transforaminal epidural steroid injections at L5-S1 and S1 on the right on June 06, 2013 and July 29, 2013. A request was made for 1 third L5-S1 transforaminal epidural steroid injection between September 11, 2013 and October 11, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) third L5-S1 transforaminal epidural steroid injection, between September 11, 2013 and October 11, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: Recent clinical documentation submitted for review stated the patient complained of low back pain which she rated on a pain scale was 6/10. The patient reported that

the pain had decreased. She noted 50% improvement after her right L5-S1 and right S1 transforaminal epidural steroid injections. The patient reported she was able to move and walk longer, and was able to decrease her medication use. Physical exam findings included an antalgic gait to the right, diffuse tenderness to palpation over the lumbar paravertebral musculature, and mild facet tenderness. Seated straight leg raise was noted at 60 degrees with supine straight leg raise at 50 degrees on the right. Sensations were decreased in the right L5 and S1 dermatomes. Lower extremity muscle testing revealed 5/5 muscle strength with the exception of 4/5 to L5 and S1 dermatomes. Lower extremity reflexes were 2+; except for right ankle was 1+. The California Chronic Pain Medical Treatment Guidelines indicate that current research does not support a "series-of-three" injection in either the diagnostic or therapeutic phase. Guidelines recommend no more than 2 epidural steroid injections. The clinical documentation submitted for review does not meet guideline criteria for epidural steroid injections. As such, the request is non-certified.