MAXIMUS Federal Services

Case Number:	CM13-0031723		
Date Assigned:	12/04/2013	Date of Injury:	06/04/2012
Decision Date:	01/23/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/04/2013

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 50-year-old male patient was injured in a work-related accident on 6/4/12. Recent clinical records for review indicate complaints of low back pain with radiating right greater than left leg pain. A 10/2/13 assessment which stated recent injection did not give pain relief. Objectively, there was noted to be normal reflexive examination with no motor or sensory deficit. The physician diagnosed the patient with right L3-4 radiculopathy, right greater than left. A repeat injection with emphasis to the right side of the L3-4 level was recommended for further care. Prior imaging of the lumbar spine included an 8/27/12 MRI report that showed a left-sided paracentral disc extrusion at L3-4 resulting in abutment of the exiting left L3 nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat LESI at L3-4 with more emphasis on the right: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

Decision rationale: Based on California MTUS Chronic Pain Guidelines, repeat epidural injection at the L3-4 level with "more emphasis on the right" would not be necessary. The patient's last epidural procedure did not provide significant benefit. Guideline criteria indicates that at least 50% pain relief for 6-8 week period of time with documented improved function and diminished use of medication should occur. That was clearly not the case. Furthermore, the clinical records fail to demonstrate any positive radicular finding of recent clinical assessment that would correlate the role of any degree of epidural injection. In this case, the request is for a right-sided epidural injection with the claimant's MRI scan demonstrating compression of the exiting left L3 nerve root. The lack of clinical correlation of all of the above documented points would fail to necessitate the procedure in question.