

Case Number:	CM13-0033274		
Date Assigned:	01/15/2014	Date of Injury:	03/10/2012
Decision Date:	05/20/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/09/2013

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 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 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:

This is a 32-year-old gentleman who was injured on 3/10/12, sustaining injury to the low back. The mechanism of injury was not documented. Available for review was a 9/4/12 electrodiagnostic study report that demonstrated no evidence of acute radicular findings. Previous MRI of the lumbar spine dated 9/7/12 indicated disc bulging at the L5-S1 level with no other pertinent findings. Recent clinical assessment for review includes a 7/24/13 follow up indicating that the claimant has undergone previous epidural steroid injections, the last of which provided "no relief." It states that he continues to be with low back and leg-related complaints with examination showing "no interval change." A third epidural steroid injection at the L5-S1 level was recommended for further therapeutic treatment. Further documentation of physical examination findings are not noted. It states that the claimant has been treated with therapy, medications, acupuncture, and two previous epidural injections as stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT LUMBAR SPINE TRANSFORAMINAL EPIDURAL STEROID INJECTION, LEFT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, epidural injection at the L5-S1 level would not be indicated. The records indicate that the claimant's previous epidural injection provided no significant benefit with current clinical presentation showing no formal radicular findings at the L5-S1 level and clinical imaging and electrodiagnostic studies negative for acute radicular process. The absence of the above would fail to necessitate guideline criteria that indicates radiculopathy must be documented by both physical examination and corroborated by imaging and/or electrodiagnostic studies. The specific request for a third injection at the requested level is not supported.