

Case Number:	CM13-0035385		
Date Assigned:	12/13/2013	Date of Injury:	08/29/2012
Decision Date:	04/18/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/17/2013

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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 63-year-old female who reported an injury on 08/29/2012. The mechanism of injury was noted to be a fall. The patient was diagnosed with cervical spine sprain/strain with radicular complaints, right shoulder rotator cuff tendonitis/bursitis, lumbar spine sprain/strain, and bilateral knee sprain/strain/contusion. The patient had complaints of moderate low back pain with radiation to the legs bilaterally. The patient also reported burning sensation in the left knee due to increased inflammation. Examination of the lumbar spine revealed tenderness to palpation about the paralumbar musculature. There were muscle spasms noted and restricted range of motion due to complaints of discomfort and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE OUTPATIENT LUMBAR EPIDURAL STEROID INJECTION (LESI) AT L5-S1: 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 Section on Epidural steroid injections (ESIs), Page(s): 46.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain for patients who are initially unresponsive to conservative treatment (exercises, physical methods, NSAIDS, and muscle relaxants). The guidelines also state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted for review indicates an MRI of the lumbar spine revealed a 4 mm disc bulge at L5-S1. The patient was also noted to have a restricted range of motion of the lumbar spine due to complaints of discomfort and pain. However, in the absence of documented objective findings on examination corroborated by an official MRI, the request is not supported. Given the above, the request for 1 outpatient lumbar epidural steroid injection at L5-S1 is non-certified.