

Case Number:	CM13-0036025		
Date Assigned:	12/13/2013	Date of Injury:	10/24/2011
Decision Date:	05/14/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 67-year-old female who reported an injury on 10/24/2011 due to a slip and fall. The injured worker reportedly sustained an injury to her left shoulder, low back and bilateral hips. The injured worker's treatment history included physical therapy, multiple medications, and a home exercise program. The injured worker was evaluated on 08/20/2013. It was documented that the injured worker had persistent low back pain. A physical examination revealed tenderness to palpation along the paravertebral lumbar musculature with tenderness to the paraspinous process with limited range of motion secondary to pain. The injured worker had decreased sensation over the lateral calf on the right and left side and decreased sensation over the medial inner foot bilaterally. The injured worker underwent a computed tomography (CT) scan of the lumbar spine on 05/10/2013. It was documented that there was multilevel disc bulging. It was documented that there was a 5 mm right lateral disc bulge at the L4-5 causing moderate to severe thecal sac narrowing and moderate right neural foraminal stenosis and a disc bulge at the L5-S1 causing mild thecal sac narrowing. A Letter of Appeal dated 08/04/2013 documented that the injured worker continued to complain of low back pain with radicular symptoms. It was documented that the injured worker had decreased dermatomal sensation and pain in the L4-5 distributions supported by an imaging study that provided evidence of a disc bulge at the L4-5 causing indentation on the thecal sac and severe foraminal stenosis on the left side. A treatment recommendation was made for an epidural steroid injection at the L4-5 on the left side times 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L4-L5 ON THE LEFT SIDE #2:
Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends repeat injections for patients who have radicular symptoms that are evident upon physical examination and corroborated by an imaging and/or electrodiagnostic study that have failed to respond to conservative treatment. The clinical documentation submitted for review does clearly indicate that the injured worker is a candidate for an epidural steroid injection. However, the California Medical Treatment Utilization Schedule recommends repeat injections be based on documentation of at least 50% pain relief for 6 to 8 weeks with evidence of functional improvement. The clinical documentation submitted for review does not provide evidence to support the efficacy of the initial lumbar epidural steroid injection. Therefore, the appropriateness of an additional epidural steroid injection cannot be determined. As such, the requested lumbar epidural steroid injection at the L4-5 on the left side #2 is not medically necessary or appropriate.