

Case Number:	CM13-0036734		
Date Assigned:	12/13/2013	Date of Injury:	10/26/2006
Decision Date:	02/05/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/31/2013

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 and 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 patient is a 51 year-old female who sustained a low back injury when she lost her balance and fell on 10/26/06 while employed by [REDACTED]. The request under consideration includes second lumbar epidural steroid injection at L4-L5, L5-S1. The report dated 10/1/13 from [REDACTED] noted some improvement following previous lumbar epidural steroid injection on 9/17/13. There is residual low back pain radiating to the bilateral lower extremities. The exam demonstrates lumbar tenderness, limited lumbar range of motion, positive lumbar facet compression test, and decreased sensation in the L5 dermatome. The report of lumbar spine MRI dated 2/18/09 note L4-5 previous laminotomy and partial inferior facetectomy with patent neural foramen and L5-S1 with no significant neuro-compressive lesions. The treatment to date has included lumbar ESI, medication, therapy, and activity modification. The request for 2nd LESI was non-certified on 10/8/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

second lumbar epidural steroid injection at L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing, not provided here. In addition, to repeat a LESI in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, not demonstrated here as she continues with radicular pain complaints only 2 weeks post 1st LESI without demonstrated functional improvement. The criteria to repeat the LESI have not been met or established. The second lumbar epidural steroid injection at L4-L5, L5-S1 is not medically necessary and appropriate.