

Case Number:	CM13-0036977		
Date Assigned:	12/13/2013	Date of Injury:	01/28/1998
Decision Date:	02/14/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/22/2013

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 Family Practice and is licensed to practice in Texas. 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 was seen on 09/19/2013 in clinic complaining of back pain. The patient has a history of anterior lumbar fusion ten years ago. The physician noted normal gait and patient is able to walk on toes and heels without any observed deficits. The clinical note stated motor strengths all 5/5, lumbar flexion, extension, right and left lateral flexion all moderately diminished, sensation intact to both lower extremities. There was noted tenderness to lumbosacral midline. The clinical note stated that patient has had epidural injections completed in the past. The patient diagnosis is status post anterior lumbar interbody fusion L4-L5, degenerative disc disease L2-L3, L3-L4, and L5-S1. The patient is being recommended for lumbar epidural steroid injection x3. The MRI completed on 05/28/2013 noted mild to moderate bilateral foraminal stenosis. AP and lateral of lumbar spine completed on 05/28/13 noted moderate disc space narrowing L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Treatment Guidelines and ASIPP Guidelines.

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

Decision rationale: The request for lumbar epidural steroid injections x 3 is non-certified. The patient was seen for back pain, has a normal gait, able to walk on toes and heels without any observed deficits. The patient does have some tenderness and pain noted to lower back, all motor strengths noted to be 5/5. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. The documentation submitted for review failed to note any significant changes in the patient's complaints and/or physical examination findings to warrant the epidural steroid injections. In addition, the guidelines noted recommend no more than 2 epidural steroid injections. As such, the request is non-certified.