

Case Number:	CM13-0038373		
Date Assigned:	12/18/2013	Date of Injury:	02/24/2005
Decision Date:	04/30/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/25/2013

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 Anesthesiology, has a subspecialty in 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 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:

The patient is a 58-year-old jam who reported an injury on 02/24/2005 after he lifted a heavy object and made a twisting motion that reportedly caused an injury to his low back. The patient's treatment history included a microdiscectomy at the L5-S1 and epidural steroid injections. The patient underwent an MRI in 05/2013 that documented the patient had a broadbased disc bulge at the L5-S1 and mild facet arthropathy. It was noted that there was mild encroachment on the L5 nerve root without evidence of central canal stenosis. There was also a disc bulge at the L4-5 with mild facet arthropathy and no evidence of significant central canal or foraminal stenosis. The patient was evaluated on 11/04/2013. It was documented that the patient had restricted range of motion and tenderness to the bilateral sacroiliac joints. Physical findings of the lower extremities included tenderness of the left sciatic nerve, decreased motor strength in the extensor hallucis longus of the left side, and decreased motor strength in the extensor flexors of the left knee. It was noted that the patient had absent reflexes in the left ankle with a positive straight leg raising test and a positive LasA"gue's test. The patient's diagnoses included status post lumbar spine laminectomy and discectomy with residuals. The patient's treatment plan included additional physical therapy, a lumbar support, epidural steroid injections, and possible revision surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI INJECTION X 3 SERIES TO LUMBAR SPINE. ADDITIONAL ESI INJECTION X 3 SERIES TO LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested epidural steroid injection x3 to the lumbar spine and additional epidural steroid injections x3 series to the lumbar spine are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends repeat epidural steroid injections be based on documentation of functional benefit and pain relief of at least 50% for 6 to 8 weeks. The clinical documentation submitted for review does indicate that the patient received an epidural steroid injection in 01/2013. The efficacy of that injection was not provided for review. Additionally, California Medical Treatment Utilization Schedule does not recommend more than 2 epidural steroid injections in a series. A series of 3 epidural steroid injections are not supported by guideline recommendations. Therefore, an additional series of 3 epidural steroid injections would also not be supported. Also, the request as it is written does not specifically identify at what level the epidural steroid injection is being requested at. Therefore, the appropriateness of the request as it is written cannot be identified. As such, the requested epidural steroid injection x3 to the lumbar spine and additional epidural steroid injections x3 series to the lumbar spine is not medically necessary or appropriate.