

Case Number:	CM13-0040347		
Date Assigned:	12/20/2013	Date of Injury:	06/08/2009
Decision Date:	02/18/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/03/2013

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 Orthopedic Surgery 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 claimant is a 45-year-old gentleman who sustained an injury to the low back in work related accident on 06/08/09. Specific to his lumbar spine, clinical records included documentation that the claimant has been managed with medications, a TENS unit, previous lumbar epidural injections, and a previous lumbar laminectomy. It stated a recent L4-5 lumbar epidural injection performed on 08/06/13 provided no documented benefit with a follow up evaluation on 08/30/13 still describing a 6 out of 10 pain on a vast pain scale with continued radiating pain to the right leg. Surgical incision was noted to be healed. There was restricted lumbar range of motion with diminished sensation to the left lateral aspect of the thigh. Repeat epidural steroid injection at the L3-4 level was recommended for further treatment. Clinical imaging was not available for review. There was documentation that the claimant's prior surgical process took place at the L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3 - L4 TRANSLAMINAR EPIDURAL STEROID INJECTION: Upheld

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

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

Decision rationale: Based on MTUS Chronic Pain 2009 Guidelines, an epidural injection would not be indicated. Chronic Pain Guideline criteria clearly indicates that "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" and in regards to repeat injection, it states "based on continued objective documentation of pain and functional improvement including at least a 50% pain relief with associated reduction in medication use for six to eight weeks." The records indicate that the claimant's recent epidural injection at the same level provided no significant benefit. There are no imaging studies to reveal compressive pathology at the L4-5 level. The request of repeat injection in this case would not be supported.