

Case Number:	CM13-0041853		
Date Assigned:	12/20/2013	Date of Injury:	03/13/1995
Decision Date:	02/26/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/30/2013

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 Anesthesiologist, Pain Medicine 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 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 reported an injury on 03/13/1995. The patient is diagnosed with lumbar spondylolisthesis and lumbar degenerative disc disease. The patient was seen by [REDACTED] on 10/02/2013. The patient reported 7-8/10 low back pain, with radiation to the right lower extremity. Physical examination revealed 2+ deep tendon reflexes, with the exception of the Achilles tendon, intact sensation, and 5/5 motor strength in bilateral lower extremities with a negative straight leg raise. Treatment recommendations included an authorization for an L5-S1 epidural steroid injection, as well as continued use of current medications, chiropractic treatment, a TENS purchase, and a gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar epidural steroid injection at the L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) .

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other

rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient's physical examination on the requesting date of 10/02/2013 revealed negative straight leg rising, 5/5 motor strength, and intact sensation. There was no documentation of radiculopathy on physical examination. There are also no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. Additionally, the patient has undergone a previous epidural steroid injection. Documentation of at least 50% pain relief, with associated reduction of medication use, was not provided for review. Therefore, a repeat injection is not indicated at this time. Based on the clinical information received, the request is noncertified.