

Case Number:	CM13-0041892		
Date Assigned:	12/20/2013	Date of Injury:	07/10/2007
Decision Date:	02/14/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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 Spine Surgery and is licensed to practice in New York. 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:

Patient is a 52-year-old male with his date of injury of July 10, 2007. Patient has chronic back pain. On physical examination the lumbar spine was tenderness to palpation. There is a decreased range of lumbar motion. Straight leg raising test is negative. Femoral stretch test is negative. Physical examination also documents decreased sensation in the bilateral lower extremities most notable in the right L5-S1 distribution area. There is no documented motor deficit. The patient is diagnosed with degenerative disc disease and lumbar spine. MRI shows disc protrusion at T12-L1; disc bulging at L2-3; and disc bulging at L4 with spondylolisthesis at L5-S1. Patient is alert he been treated with epidural steroid injection. Epidural steroid injection gave 6 months of relief. He had a second intralaminar injection which did not provide him significant relief. At issue is whether epidural steroid injection at L2-3 and L3-4-1 medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Lumbar Epidural Steroid Injection L2-L3, L3-L4 (no laterality provided): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Evidence: 9792.21 Medical Treatment Utilization Schedule (MTUS) Citation Index

Decision rationale: Guidelines indicate that repeat epidural steroid injection should be based on continued objective documented pain improvement and functional improvement. The patient should have at least 50% pain relief with associated reduction of medication for at least 6-8 weeks after the first injection. The medical records do not provide documentation that the patient had adequate pain relief with prior epidural steroid injection therapy. Specifically, the second intralaminar epidural steroid injection has documentation indicating that it did not provide significant pain relief. Also, functional response after the second injection is not documented. Guidelines indicate that functional response documentation should include sustained pain relief, increase performance in activities of daily living, and reduction in pain medication. When this occurs then justification for repeat ESI may be necessary. Guidelines for repeat ESI are not met.