

Case Number:	CM13-0042303		
Date Assigned:	12/27/2013	Date of Injury:	05/26/2012
Decision Date:	05/06/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/17/2013

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 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 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 claimant is a 46-year-old female who was injured on May 26, 2012 sustaining an injury to the lumbar spine. Clinical records available for review indicate ongoing complaints of pain about the lumbar spine with recent assessment of July 12, 2013 indicating persistent complaints of low back pain with radiating left lower extremity and foot pain. It states conservative care has included physical therapy as well as two prior epidural steroid injections that provided short term temporary relief. Physical examination demonstrated diminished sensation in the L5-S1 dermatomal distribution with continued antalgic gait and weakness in a non-dermatomal documented distribution. Previous MRI from April 25, 2013 demonstrated disc protrusion at the L5-S1 level with no evidence of neurologic compromise with hypertrophic changes to the facet joints at multiple levels noted. At present, there is a current request for a third epidural steroid injection at the left L5-S1 level for further care.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION, AT THE LEFT 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 EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, epidural injection at the requested L5-S1 level would not be indicated. CA MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. First and foremost, the claimant's clinical picture does not support a clear picture of radiculopathy at the L5-S1 level. Imaging fails to demonstrate neural compressive findings with the claimant's physical examination showing diffuse weakness but no specific findings specific to the level in question. When taking into account the claimant's previous injections with no documentation of long term benefit, the requested third injection at the L5-S1 level in this claimant's chronic course of care would not be supported.