

Case Number:	CM13-0044788		
Date Assigned:	01/15/2014	Date of Injury:	09/28/2005
Decision Date:	08/08/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 Spinal Surgeon 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 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:

Patient has chronic back pain radiating to the legs. MRI scan lumbar spine shows disc degeneration L4-5 and L5-S1 broad-based disc bulges at L4-5 and L5-S1 that results in mild foraminal narrowing. No significant central spinal stenosis is documented. Physical examination documents sensory changes in the L4 and L5 distribution. The patient has been treated with medications, home exercise, activity modification and physical therapy. The patient has had a previous epidural steroid injection. The patient's previous lumbar epidural steroid injection provided relief of right leg radicular pain for greater than 4 months. At issue is whether repeat lumbar epidural steroid injections medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION TO L4-L5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, pages 305-307.

Decision rationale: This patient does not meet establish criteria are for lumbar epidural steroid injection. Specifically the medical records do not include a recent neurophysiologic testing result that demonstrates the presence of L4-5 radiculopathy. Since there is no evidence of her recent neurophysiologic testing demonstrating L4-L5 radiculopathy, epidural steroid injection is not medically necessary. Also, the patient's lumbar MRI does not demonstrate severe compression of any nerve root. This patient must have neurophysiologic testing with correlation to physical examination findings prior to any consideration of a second epidural steroid injection. Therefore, the request is not medically necessary.