MAXIMUS Federal Services

Case Number:	CM13-0044913		
Date Assigned:	01/03/2014	Date of Injury:	10/22/1991
Decision Date:	06/04/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/31/2013

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 53-year-old female who reportedly sustained an injury to the low back region on October 22, 1991, while stacking magazines. The claimant has been diagnosed with lumbago and spondylosis of the spine. No imaging studies were presented to be reviewed. The medical records indicated that the claimant has undergone a previous epidural steroid injection which per report in May 2013 helped mildly. The claimant was most recently evaluated on January 16, 2014. The physical examination findings documented tenderness to palpation over the facet joints. A positive straight leg raise test on the right was noted. Deep tendon reflexes were noted to be decreased at the ankle, but not graded. Mild weakness was noted with testing of the right ankle. The claimant was noted to have a history of osteoarthritis of the right ankle and had previously undergone a right ankle injection secondary to the right ankle pain and osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (ESI) AT LEVEL L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS), Page(s): 80.

Decision rationale: Based on page 80 of the California MTUS treatment guidelines, epidural steroid injections are supported in individuals with objective physical examination findings of a radiculopathy which must also be corroborated by imaging studies. Repeated epidural steroid injections are only supported if there is at least 50% relief with the previous injection with associated medication reduction and increased functional improvement. The claimant has undergone a previous epidural steroid injection which was noted only to be mildly beneficial. There is no documentation of increased function or decreased use of pain medications. No imaging studies have been presented to document any significant neural compression. The physical examination findings do not support the diagnosis of a lumbar radiculopathy. A lumbar radiculopathy diagnosis consists of loss of sensation in a specific dermatomal pattern, loss of strength in a specific myotomal pattern, and loss of deep tendon reflexes. The claimant is noted to have decreased deep tendon reflexes at the ankle. There is also mention of mild weakness of the right ankle and there is also history of osteoarthritis of the ankle which is likely the causative factor. There are no imaging studies documenting any neural compression. The claimant did not get significant relief with the previous epidural steroid injections to support repeated injections. The physical examination findings do not document objective evidence of a lumbar radiculopathy. Based on all these factors, the request is non-certified. The previous non-certification was based on multiple factors including a radiculopathy not being consistently demonstrated on the physical examination findings, the physical examination findings not being consistent, the effect of the previous injection was unknown, and no imaging study results were presented to be reviewed. No additional information was provided that would result in an overturn of the previous non-certification. The request is not medically necessary and appropriate.