

Case Number:	CM13-0045939		
Date Assigned:	06/09/2014	Date of Injury:	05/20/2009
Decision Date:	07/25/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine and Rehabilitation, 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:

This 58 year-old patient sustained an injury on 5/20/09 while employed by . Request(s) under consideration include one (1) lumbar selective epidural with fluoroscopy & anesthesia between 10/29/2013 and 12/20/2013. Report of 10/29/13 from the provider noted the patient with low back and left thigh pain with numbness; lateral left foot pain. The patient underwent a recent lumbar selective epidural steroid injection on 10/14/13 and on her way home, was front-ended resulting in neck and back pain with right leg numbness and headaches. Exam showed limping gait, pain with lumbar spine flexion; however, with intact motor strength. No other neurological findings noted. Request(s) for one (1) lumbar selective epidural with fluoroscopy & anesthesia between 10/29/2013 and 12/20/2013 was non-certified on 11/6/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar selective epidural with fluoroscopy & anesthesia between 10/29/2013 and 12/20/2013: 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: This 58 year-old patient sustained an injury on 5/20/09 while employed by . Request(s) under consideration include one (1) lumbar selective epidural with fluoroscopy & anesthesia between 10/29/2013 and 12/20/2013. Report of 10/29/13 from the provider noted the patient with low back and left thigh pain with numbness; lateral left foot pain. The patient underwent a recent lumbar selective epidural steroid injection on 10/14/13 and on her way home, was front-ended resulting in neck and back pain with right leg numbness and headaches. Exam showed limping gait, pain with lumbar spine flexion; however, with intact motor strength. No other neurological findings noted. request(s) for one (1) lumbar selective epidural with fluoroscopy & anesthesia between 10/29/2013 and 12/20/2013 was non-certified on 11/6/13 citing guidelines criteria and lack of medical necessity. California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend Epidural Steroid Injections (ESI) as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The one (1) lumbar selective epidural with fluoroscopy & anesthesia between 10/29/2013 and 12/20/2013 is not medically necessary and appropriate.