

Case Number:	CM13-0047029		
Date Assigned:	12/27/2013	Date of Injury:	12/18/2012
Decision Date:	03/14/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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:

The patient is a 54 year old female who reported a work injury on 12/18/2012. The mechanism of injury was not included in the clinical report. In the clinical note for 11/01/2013 the patient continues to experience pain in her left lower back that radiates down to the thigh, calf, and foot with no notation of pain levels in the documentation. The patient is noted to have a slow guarded gait, able to get on toes and heels with some difficulty, physician noted some spasms to the left lower back. The patient tested positive for straight leg lift on the left. The diagnosis given at the time of the assessment was: low back pain, lumbar stenosis, and radiculitis. No history of surgeries or previous therapies were noted in the clinical notes. The MRI results for 10/28/2013 showed results of disruption of lumbar lordosis with minimal scoliosis mild to moderate disc bulge at L2-L3 with 1-2 mm disc bulge to L3-L4, 3-4 mm left lateral disc bulge to L4-L5 and L5-S1 4-5mm disc bulge, read by [REDACTED]. There was an MRI of the right knee that noted a Motor Vehicle Accident one month prior to the MRI. Prescriptions at the time of the visit that were given to the patient were: Lidoderm film, and Prilosec. The patient is currently taking Ultram for pain and salonpas patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injections once a week for 3 three weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections (ESIs). Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Steroid Injections (ESIs). Page(s): 46.

Decision rationale: The request for the Epidural Steroidal Injections series is non-certified. The guidelines recommend epidural steroid injections as an option for the treatment of radicular pain. Guidelines do not recommend a series of three epidural steroid injections. The current request is for a series of three. Therefore, the request for the Epidural Steroid injection is non-certified.