

Case Number:	CM13-0047398		
Date Assigned:	12/27/2013	Date of Injury:	09/07/2006
Decision Date:	02/13/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/01/2013

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 Spine Surgery 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 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 31-year-old female for whom she sustained a work-related injury on September 7, 2006. The patient reports chronic low back pain. She has difficulty walking and standing. Physical exam reveals an antalgic gait, diffuse back spasms with tenderness. There is a decreased range of lumbar motion. Straight leg raising test is positive on the right then on the left. The muscle testing shows 4-5 strength of the right tibialis anterior, 3-5 strength of the right EHL, and the right peroneus longus and brevis a 4-5. MRI lumbar spine shows a right L4-5 6 mm paramedian disc protrusion and L5-S1 2-3 mm right paracentral disc bulge. Patient had L4-5 discectomy in September 2007. On February 20, 2013 patient underwent right L4-5 epidural steroid injection and right L5-S1 epidural steroid injection. At issue is whether epidural steroid injection is necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Injection(s), anesthetic agent and/or steroid, transforaminal epidural with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: This patient does not meet established criteria for repeat ESI. Specifically, radiculopathy must be demonstrated on physical examination and corroborated by imaging studies or electrodiagnostic testing. While there is some supportive radiculopathy on physical examination in this case, it is not supported by imaging studies or electrodiagnostic testing at this time. In addition, the medical records do not demonstrate that this patient has had significant attempts at conservative treatment recently to include exercises physical therapy. There is no documentation that the patient has been unresponsive to conservative treatment recently. The patient is referred he had 2 previous epidural steroid injections are documented in the records. Currently search does not support a series of 3 injections in the diagnostic or therapeutic face. Guidelines recommend no more than 2 ESI injections.