

Case Number:	CM13-0047782		
Date Assigned:	12/27/2013	Date of Injury:	12/21/2012
Decision Date:	02/26/2014	UR Denial Date:	10/15/2013
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 Orthopedic Surgery, has a subspecialty Certification in Fellowship trained in Spine 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 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:

This is a 38 year old male who reported an injury on 12/21/2012 and the mechanism of injury reportedly was mid and lower back pain due to heavy lifting. An office note, 12/06/2013, indicated the patient presented with back pain radiating from low back down left leg and a decreased activity level. The office note also indicated that the patient was to have a microdiscectomy on 12/16/2013 but there was no information provided to confirm surgery was completed. The patient is status post lumbar ESI 05/07/2013 with mild pain relief at 50% reported for one week and no documentation provided to indicate any functional improvement. An unofficial MRI on 03/05/2013 revealed lumbar disc herniation/extrusion at L4-5 with left L4 impingement. The patient reportedly completed 12 physical therapy sessions to date which were reportedly helpful, a trigger point injection, and chiropractic care. Medications have included Cyclobenzaprine, Ibuprofen, and Norco (dosages and frequencies not included). A positive straight leg test was reported in HDI note dated 10/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbr ESI L4 and L5 left side: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI's)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI's) Page(s): 46.

Decision rationale: The request for the transforaminal lumbar ESI L4 and L5 left side is non-certified. Pain relief at 50% was reported for one week from last lumbar ESI, 05/07/2013, and no documentation provided to indicate any functional improvement. The CA MTUS Guidelines recommend ESI's for treatment of radicular pain and should be at an interval of at least one to two weeks between injections. The interval of time from the last injection to the current request has exceeded the allowed time frame and no current significant functional deficits were noted in clinical information provided. As such, the requested service is non-certified.