

Case Number:	CM13-0050105		
Date Assigned:	12/27/2013	Date of Injury:	10/12/2010
Decision Date:	06/20/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/11/2013

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 Neurosurgeon and is licensed to practice in Texas. 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 patient reported an injury to his low back on 10/12/2010. The mechanism of injury was not provided. The clinical note dated 10/18/13 indicated the patient continuing with complaints of low back pain. Pain radiated into the left lower extremity. The patient previously underwent epidural injection therapy. The patient had positive straight leg raise with evidence of radiculopathy to the left lower extremity. The patient also had complaints of low back stiffness with spasms. The note indicates a previous MRI of the lumbar spine revealed disc bulge at L4-5 with left sided neural foraminal narrowing causing left sided radiculopathy. The patient utilized Vicoprofen for pain relief. Clinical note dated 11/03/13 indicated the patient complaining of pain radiating into the left lower extremity. The patient was identified as doing very well with previous injections. Procedure note dated 12/16/13 indicated the patient undergoing epidural steroid injection at L4-5.

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): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain.

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

Decision rationale: Clinical documentation indicates the patient complaining of ongoing low back pain. Clinical notes further indicate the patient previously undergoing a number of epidural steroid injections in the lumbar spine. Repeat epidural steroid injection would be indicated provided that the patient meets specific criteria, including positive response. No information or objective data was submitted confirming the patient's positive response to most recent epidural steroid injection. Therefore, the request for lumbar epidural steroid injection (ESI) is not medically necessary and appropriate.