

Case Number:	CM13-0052915		
Date Assigned:	12/30/2013	Date of Injury:	05/04/2010
Decision Date:	03/21/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 65 year old male who reported an injury on 05/04/2010. His diagnoses include lumbar radiculopathy, lumbar facet arthropathy, lumbar spinal stenosis, chronic pain, and thoracic spine T4-T11 4mm. The clinic note dated 10/18/2013 indicated the patient was seen for a low back pain that radiates to the right lower extremity. The note stated the pain level was unchanged at a 5/10 with medications and 6/10 without. The exam noted moderate reduction of lumbar range of motion with tenderness at L4-S1. Lumbar myofascial tenderness and paraspinal muscle spasm was also noted. His sensory exam showed decreased sensation in the lower extremity bilaterally and along the L4-L5 dermatome with a positive bilateral straight leg raise. His 09/27/2011 lumbar MRI reported loss of vertebral height at L4, L3, and L1. T11 had 10% prominent deformity of the superior end plate, L3 had probable Schmorl's node, and T12 had a rounded region of marrow approximately 18mm in diameter. The patient had an abnormal electromyography of the left upper extremity. The study showed evidence of moderate to severe partial left brachial plexopathy and active denervation. The patient underwent a lumbar epidural steroid injection with a positive response and was recommended for an additional injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 46.

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

Decision rationale: The California MTUS states for the use of epidural injections in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The documentation submitted did not provide evidence of the efficacy for the previous injection in order to support an additional injection. As such, the request is non-certified.