

Case Number:	CM13-0057062		
Date Assigned:	12/30/2013	Date of Injury:	07/31/2006
Decision Date:	06/16/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/25/2013

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 Anesthesiology, 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 injured worker is a 59 year old male whose date of injury is 07/31/2006. The patient has a history of previous low back injuries. Per an AME report dated 10/03/2013, his low back complaints initially began in 1991, and he also sustained an injury on 12/17/2001. The injured worker is status post anterior/posterior L4-5 lumbar fusion on 09/26/2007. He subsequently underwent permanent placement of a spinal cord stimulator on 05/17/2012. The injured worker was noted to complain of worsening low back and right leg pain. An MRI of the lumbar spine dated 12/02/2011 revealed status post L4-5 fusion; 3mm disc protrusion at L3-4 with mild central canal stenosis; 3mm disc osteophyte complex at L5-S1 with mild central canal stenosis; mild left neural foraminal stenosis at L4-5 due to encroaching osteophyte; no significant change from February 2010 MRI scan. An operative report dated 11/14/2013 reflects that the injured worker underwent caudal epidural steroid injection and lumbar paraspinal trigger point injections. There is no subsequent assessment of the response to this procedure. A utilization review determination dated 11/14/2013 determined that request for outpatient lumbar epidural steroid injection x 1 at unspecified level was not indicated as medically necessary as there was no documentation of radiculopathy, and no objective findings on examination were presented. AMA criteria for radiculopathy were not met. The reviewer noted that no lumbar MRI synopsis was provided.

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) TIMES 1, UNSPECIFIED LEVEL:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The injured worker is status post L4-5 lumbar fusion in 2007 with spinal cord stimulator placement in 2012. He complains of worsening low back pain and right leg pain. He underwent a caudal epidural steroid injection on 11/14/2013; however, there was no subsequent documentation of the efficacy of this injection. There are no legible progress notes documenting the presence of radiculopathy on physical examination such as motor and/or sensory changes. A lumbar MRI did not demonstrate clear evidence of neurocompressive pathology at any level of the lumbar spine. Moreover, repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response including at least 50-70% pain relief lasting at least 6-8 weeks. The records submitted for review do not provide evidence of significant pain relief or functional improvement to warrant repeat epidural steroid injection. The request is not medically necessary and appropriate.