

Case Number:	CM13-0057644		
Date Assigned:	12/30/2013	Date of Injury:	07/02/2012
Decision Date:	04/04/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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 45-year-old who reported an injury on 07/02/2012 due to a fall. The patient reportedly sustained an injury to her right wrist, left shoulder and low back. Patient's treatment history included medications, physical therapy, and chiropractic care. The patient underwent an epidural steroid injection at the L4-5 bilaterally in 09/2013 that provided 20% to 50% overall improvement for approximately 1 month for the patient's right-sided symptoms. The patient reported no alleviation of symptoms of the left lower extremity. The patient's most recent clinical examination findings documented that the patient had tenderness to palpation of the lumbar paraspinous musculature with restricted range of motion secondary to pain, decreased sensation in the left L4-5 and S1 dermatomes. Request was made for a left L4-5 lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 lumbar epidural steroid injection, interlaminar approach: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: The requested decision for left L4-5 epidural steroid injection interlaminar approach is not medically necessary or appropriate. The Chronic Pain Medical Treatment Guidelines recommends repeat injections be based on documentation of at least 50% pain relief for at least 6 to 8 weeks with documented functional improvement. Although the request is for a left-sided epidural steroid injection, the request specifically identifies an interlaminar approach which would also affect the right side. Clinical documentation submitted for review does state that the patient had 20% to 50% pain relief for 4 weeks. Clinical documentation does not support that the patient had an effective right-sided pain relief. Therefore, a repeat injection would not be supported. Additionally, there was no documentation that the patient received any pain relief from the previous bilateral transforaminal epidural steroid injection. Therefore, a repeat left-sided epidural steroid injection would not be supported. The request for a left L4-L5 lumbar epidural steroid injection, interlaminar approach, is not medically necessary or appropriate.