

Case Number:	CM13-0060295		
Date Assigned:	12/30/2013	Date of Injury:	03/15/1993
Decision Date:	04/07/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/03/2013

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 Anesthesiology, Pain Management, and is licensed to practice in Florida. 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 47-year-old female who reported an injury on 08/12/2005, after she was hit by a forklift. The patient reportedly sustained an injury to her low back. The patient ultimately underwent lumbar laminectomy and discectomy at the L4-5 level. The patient's postsurgical treatment included physical therapy, medications, and epidural steroid injections. The patient underwent an MRI in 04/2013 that documented the patient had evidence of a left hemilaminectomy at the L4-5 and a 2 to 3 mm disc bulge without any neurological impingement. It was also noted that the patient had a disc bulge at the L2-3 without any neurological impingement. The patient also had mild spondylosis at the L2-3 and L4-5. The patient's most recent clinical examination dated 12/16/2013 documented that the patient had tenderness to palpation along the lumbar spine with limited range of motion secondary to pain and sensory deficits in the L4-5 distributions with a positive left-sided straight leg raising test. The patient's diagnoses included status post remote lumbar decompression on 09/2009 and neural encroachment of the left L4-5 with radiculopathy. The patient's treatment planning included an epidural steroid injection, a lumbar support, and continued medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Caudal Epidural Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested lumbar caudal epidural steroid injection is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends repeat injections when the patient has received at least 6 to 8 weeks of over 50% improvement in pain levels and an increase in functional capabilities. The clinical documentation submitted for review does provide evidence that the patient received epidural steroid injections previously. However, the efficacy and length of pain relief was not submitted for review. Additionally, there was no documentation of functional benefit related to the prior epidural steroid injections. Additionally, California Medical Treatment Utilization Schedule recommends that patients with objective clinical findings of radiculopathy supported by an imaging study are candidates for epidural steroid injections. The clinical documentation submitted for review does contain a recent MRI from 04/2012 that does not identify any nerve root impingement to support radicular findings upon physical examination. Therefore, the need for a lumbar caudal epidural steroid injection is not supported. As such, the requested lumbar caudal epidural steroid injection is not medically necessary or appropriate.