

Case Number:	CM13-0060685		
Date Assigned:	12/30/2013	Date of Injury:	09/08/2008
Decision Date:	04/14/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic Surgery, and is licensed to practice in California. 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 is a 51-year-old gentleman who sustained an injury to the low back in a work related accident on 09/08/09. The clinical records for review included a 12/03/13 progress report noting diagnoses of low back pain syndrome, lumbar disc degeneration and spondylosis. Subjective complaints at that time were low back pain and radiating left lower extremity pain. Physical examination findings showed restricted lumbar range of motion with tenderness over the L4 and L5 region, positive Faber's testing, equal and symmetrical distal reflexes and no documentation of motor or sensory deficit. The recommendation at that time was for a right sided lumbar epidural steroid injection at the L5-S1 level. Previous testing for review included March 2013 electrodiagnostic studies of the lower extremities that showed a right L5-S1 radiculopathy. There were no reports of lumbar imaging provided or documentation of prior treatment including the use of epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION RIGHT L5-S1: 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 (ESIs) Page(s): 46.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment 2009 Guidelines, an epidural injection on the right at L5-S1 cannot be supported. The Chronic Pain Guidelines recommend lumbar epidural injections for radiculopathy that is documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. While the claimant is noted to have positive electrodiagnostic testing performed greater than a year ago, there is no current imaging study to support compressive pathology at the requested level for the injection. Furthermore recent care in regard to the claimant's low back is not noted. There is no documentation of recent therapeutic interventions and no clear indication that previous injections were performed. The absence of the above information would fail to support the request for an epidural steroid injection at this chronic course in the claimant's current care.