

Case Number:	CM13-0061658		
Date Assigned:	12/30/2013	Date of Injury:	12/21/2009
Decision Date:	03/26/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

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 & Rehabilitation 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 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:

This patient sustained an injury on 12/21/09 while employed by the [REDACTED]. Request under consideration include Lumbar epidural steroid injection using fluoroscopy at the left L3-L4 level. Report of 10/24/13 noted patient with low back pain radiating into the legs, left greater than right. The patient received a previous transforaminal epidural steroid injection on 10/1/13 with 80% relief (duration of 2 days then moderate currently) and reports of functional improvement. Exam showed antalgic gait, decreased range of motion, paraspinal spasm; straight leg raising; no sensory or motor deficits (previously documented as normal). MRI of the lumbar spine showed multi-level disc bulges. Request was non-certified on 11/19/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection using fluoroscopy at the left L3-L4 level: 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 Chronic Pain- Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: This patient sustained an injury on 12/21/09 while employed by the [REDACTED]. Request under consideration include Lumbar epidural steroid injection using fluoroscopy at the left L3-L4 level. Report of 10/24/13 noted patient with low back pain radiating into the legs, left greater than right. The patient received a previous transforaminal epidural steroid injection on 10/1/13 with 80% relief (duration of 2 days then moderate currently) and reports of functional improvement. Exam showed antalgic gait, decreased range of motion, paraspinal spasm; straight leg raising; no sensory or motor deficits (previously documented as normal). MRI of the lumbar spine showed multi-level disc bulges. Medical reports have not identified any neurologic deficits documenting intact sensory and motor exam. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI(Lumbar Epidural Steroid Injection) as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. In addition, to repeat a LESI (Lumbar Epidural Steroid Injection) 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 or increased work status for six to eight weeks, not documented here with 2 day relief of 80% and "moderate" relief at 3-1/2 weeks follow-up. Submitted reports have not demonstrated any functional improvement derived from the LESI. Criteria for the LESI(Lumbar Epidural Steroid Injection) have not been met or established. Therefore, The Lumbar epidural steroid injection using fluoroscopy at the left L3-L4 level is not medically necessary and appropriate.