MAXIMUS Federal Services

Case Number:	CM13-0065144		
Date Assigned:	01/03/2014	Date of Injury:	03/12/2002
Decision Date:	04/18/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine 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 patient is a 67-year-old female who reported an injury on 03/12/2002. The mechanism of injury was not provided in the medical records. The patient is diagnosed with lumbar radiculitis. Her MRI of the lumbar spine, 09/10/2012, revealed a 7 mm broad-based posterior disc bulge at the L3-4 level causing encroachment into both neural foramina, as well as a 5 mm broad-based posterior disc bulge at the L4-5 level causing marked narrowing of the bilateral neural foramen with pressure over the traversing L5 nerve roots. A 04/15/2013 clinical note indicated that the patient reported that a recent epidural steroid injection had not provided any significant improvement. Her symptoms were noted to include severe right-sided thigh pain. Her physical examination revealed normal motor strength throughout her bilateral lower extremities. It was noted that her last epidural injection had not lasted long, but had provided relief for 2 to 3 weeks. Therefore, a request was made second injection as her physician indicated that the treatment sometimes required 2 to 3 injections for cumulative relief of inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT LUMBAR EPIDURAL STEROID INJECTION AT L3-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections may be recommended for patients with radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation needs to show that the patient was initially unresponsive to conservative treatment including exercises, physical therapy, and medications. Furthermore, repeat blocks may be recommended with documentation of at least 50% pain relief, as well as reduction of medication use, for at least 6 to 8 weeks following previous injection. The clinical information submitted for review failed to provide documented evidence of at least 50% pain relief and reduction of medication of use for 6 to 8 weeks following the patient's previous injection, indicating that she denied any significant improvement and her treating physician indicated that she had relief for 2 to 3 weeks. Additionally, the patient's physical examination failed to include significant neurological deficits consistent with radiculopathy. No more recent physical examination findings were provided for review. Further, documentation failed to show evidence that the patient had previously been unresponsive to conservative treatments including exercises, physical therapy, and medications. For the reasons noted above, the request is non-certified.