

Case Number:	CM13-0065966		
Date Assigned:	01/03/2014	Date of Injury:	03/27/2012
Decision Date:	05/19/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 35-year-old male who reported an injury on 03/27/2012. The mechanism of injury information was not provided in the medical records. A review of the medical record reveals the patient's diagnoses included lumbar radiculopathy, and degenerative joint disease/degenerative disc disease of the lumbar spine. The patient underwent a prior epidural steroid injection on 11/18/2013. The most recent clinical documentation states the patient had not had any lasting relief with his recent lumbar epidural injection and remained symptomatic. Objective findings revealed tenderness to palpation over the upper, mid, and lower paravertebral muscle. Range of motion is flexion of 25 degrees with 20 degrees right lateral bending, 25 degrees in left lateral bending, 25 degrees of right lateral rotation, 25 degrees of left lateral rotation, and extension of 15 degrees. There was increased pain with lumbar extension. Straight leg raising and rectus femoris stretch sign do not demonstrate any nerve irritability. The patient ambulates with a non-antalgic gait and was able to heel and toe walk without difficulty. There was patchy decreased sensation in the bilateral L5 to S2 distribution with trace weakness in the left extensor hallucis longus and tibialis anterior.

IMR ISSUES, DECISIONS AND RATIONALES

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

A REPEAT BILATERAL L4-L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION: 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: Per California MTUS Guidelines, it is stated that repeat epidural steroid injections require evidence of at least 50% pain relief for at least 6 weeks. There is no documentation in the medical record of any significant relief from pain or symptoms for the recommended time period per California MTUS Guidelines. The most recent clinical note states that the patient did not receive any relief and remained symptomatic after previous epidural steroid injection. As such, the medical necessity for the requested service cannot be determined. The request is not medically necessary.