

Case Number:	CM13-0066237		
Date Assigned:	01/03/2014	Date of Injury:	11/26/2012
Decision Date:	05/19/2014	UR Denial Date:	12/06/2013
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 Orthopedic Surgery, and is licensed to practice in New York. 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:

Patient is a 33-year-old who was injured at work. To date of injury is November 26, 2012. The patient has chronic back pain. He also is neck pain. The patient had a left-sided L4-5 transforaminal steroid injection on November 27, 2013. It is unclear from the medical records how much relief the patient achieved from this injection. The patient's injection was complicated by a postinjection visit to the emergency room in which he felt severe weakness and numbness in both of his legs and the left side of his face. On physical examination patient reduced range of lumbar motion. He has tenderness to palpation. Straight leg raise is positive on the left side. Sensation is noted to be normal in the upper lower extremities. Deep tendon reflexes were normal in the upper and lower extremities. The patient has weakness in flexion and dorsiflexion of the left foot. He does have some weakness in flexion extension of the left knee. Patient's diagnosis lumbar degenerative disc condition L4 of L5 with an annular tear. The patient has been treated with physical therapy. Patient has been treated medications. At issue is whether repeat lumbar epidural steroid injections medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT LEFT TRANSFORAMINAL EPIDURAL STEROID INJECTION L4-L5:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ESI, 382-383,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Criteria for repeat lumbar epidural steroid injection not met. Specifically, the patient does not have documented radiculopathy on physical examination. In addition the medical records do not contained an imaging study that shows compression of the lumbar nerve root does correlate with radiculopathy on physical examination. Also, the patient has had a previous epidural steroid injection without specific documentation of the amount of functional improvement in pain improvement that was achieved with the injection. Also, the medical records indicate that the patient had a severe reaction associated with the injection and presented to the emergency room with facial weakness and bilateral upper lower extremity numbness and weakness. Established criteria for injection are not met. The request for an outpatient left transforaminal epidural steroid injection 14-15 is not medically necessary or appropriate.