

Case Number:	CM13-0066713		
Date Assigned:	01/03/2014	Date of Injury:	12/08/2008
Decision Date:	05/13/2014	UR Denial Date:	12/04/2013
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 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:

This 52 year-old female sustained an injury on 12/8/08 while employed by [REDACTED]. Request under consideration include LUMBAR EPIDURAL STEROID INJECTION FOR BILATERAL L5-S1. Report of 11/18/13 from the provider noted the patient with complaints of lower back pain radiating to bilateral legs; neck, left shoulder, lower back, and left ankle pain. Exam showed lumbar range of motion with flexion/extension of 60/15 degrees; muscle spasm over the lumbar paraspinal and gluteus muscles; positive straight leg raise on right with dorsiflexion of right foot. The patient underwent recent lumbar bilateral transforaminal epidural steroid injection at L5-S1 on 12/20/12 with gave 10 months relief. Diagnoses include right L5 radiculopathy. MRI of the lumbar spine reported by the provider showed L5-S1 degenerative disc disease, mildly desiccated disc, mild diffuse bulge without significant neural foraminal and central canal stenosis. Plan was for repeat LESI which was non-certified on 12/4/13 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 FOR BILATERAL L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTION Page(s): 46.

Decision rationale: This 52 year-old female sustained an injury on 12/8/08 while employed by [REDACTED]. Request under consideration include LUMBAR EPIDURAL STEROID INJECTION FOR BILATERAL L5-S1. Report of 11/18/13 from the provider noted the patient with complaints of lower back pain radiating to bilateral legs; neck, left shoulder, lower back, and left ankle pain. Exam showed lumbar range of motion with flexion/extension of 60/15 degrees; muscle spasm over the lumbar paraspinal and gluteus muscles; positive straight leg raise on right with dorsiflexion of right foot. The patient underwent recent lumbar bilateral transforaminal epidural steroid injection at L5-S1 on 12/20/12 with gave 10 months relief. Diagnoses include right L5 radiculopathy. MRI of the lumbar spine reported by the provider showed L5-S1 degenerative disc disease, mildly dessicated disc, mild diffuse bulge without significant neural foraminal and central canal stenosis. Plan was for repeat LESI which was non-certified on 12/4/13 citing guidelines criteria and lack of medical necessity. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI 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. MRI showed no significant stenosis or disc herniation and exam found limited range with positive leg raise without clear motor or sensory correlation deficits. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. Although the provider reported improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic 2008 injury. Criteria for repeating the epidurals have not been met or established. The BILATERAL L5-S1 TFESI (TRANSFORAMINAL EPIDURAL STEROID INJECTION is not medically necessary and appropriate.