

Case Number:	CM13-0066731		
Date Assigned:	01/03/2014	Date of Injury:	08/20/2012
Decision Date:	05/27/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 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:

The claimant is a 51-year-old, female who was injured on 08/20/12. The records indicate both lumbar and cervical injuries. Specific to the claimant's lumbar spine, there is documentation of a prior 08/14/13 left sacroiliac joint injection and trigger point injections to the paravertebral musculature occurring followed by repeat procedure on 09/28/13. A clinical follow up of 10/01/13 indicated no documentation of significant benefit with prior injections. The claimant was referred for a 10/16/13 right sided L3-4, right L4-5, and right L5-S1 transforaminal epidural injection that was performed under fluoroscopic guidance. Without documentation, a repeat procedure was performed one week later on 10/23/13 in the form a second L5-S1 fluoroscopy guided injection. There is no indication of documentation of benefit from previous injections. There is currently no documentation of recent form of other treatments noted. The clinical imaging is not documented. The previous examination from 08/14/13 showed restricted lumbar range of motion with tenderness of the right sacroiliac joint, positive straight leg raise, and no motor or sensory weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (LESI) L5-S1 DOS 10/23/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2: Summary of Recommendations.

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

Decision rationale: The role of an epidural injection performed 10/16/13 followed by 10/23/13 at the L5-S1 level could not be supported. The CA MTUS guidelines indicate the need for epidural injections if radiculopathy is documented by both physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there was no documentation of radicular findings on examination and imaging to support an L5-S1 injection. Furthermore, the MTUS indicates that repeat injections are only indicated if 50 to 70 percent improvement over a six to eight week period of time is documented. The second injection performed one week later at the same level would thus also not have been indicated.

INJECTION: RIGHT L3-L4 AND RIGHT L4-L5 AND RIGH TL5-S1 TRANSFORAMINAL CANNULATION LUMBAR EPIDURAL SPACE (DOS 10/16/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2: Summary of Recommendations.

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

Decision rationale: The CA MTUS guidelines indicate the need for epidural injections if radiculopathy is documented by both physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there was no documentation of radicular findings on examination and imaging to support an L5-S1 injection. Furthermore, the MTUS indicates that repeat injections are only indicated if 50 to 70 percent improvement over a six to eight week period of time is documented. The CA MTUS guidelines, as stated above, would not support the role of an epidural injection at the same level, thus the request is not certified.