

Case Number:	CM13-0072400		
Date Assigned:	01/08/2014	Date of Injury:	07/13/2010
Decision Date:	05/23/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/31/2013

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 and 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 60 year-old patient sustained an injury on 7/13/10 while employed by [REDACTED]. Request under consideration include EPIDURAL STEROID INJECTION - BILATERAL L5-S1 (DIAGNOSTIC AND THERAPEUTIC). Diagnoses include Lumbago/back disorder; elbow and knee sprain/strain. MRI of the lumbar spine dated 4/28/11 noted mild dessication changes at L5-S1. Report of 11/12/13 from the NP for the provider noted the patient completed 5 Supartz injections to his right knee with noted swelling not decreased, but felt pain decreased; low back pain radiates to leg into calf; denied numbness, tingling, or spasm. Exam showed normal motor, sensory, and reflexes findings in bilateral lower extremities. Report of 12/10/13 from NP for provider noted low back pain radiating into bilateral legs with numbness and pian in groin/penis at times. The patient continues taking Suboxone with poor sleep. Exam showed restricted lumbar range of motion with flex/ext 50/15 degrees; equal and symmetric reflexes; no spinal process tenderness; motor exam was normal with decreased sensation in left groin and left posterior calf; left sciatic notch tenderness with positive SLR at 30 degrees on left. The request for the diagnostic/therapeutic bilateral LESI at L5-S1 was non-certified on 12/18/13 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:

EPIDURAL STEROID INJECTION - BILATERAL L5-S1 (DIAGNOSTIC AND THERAPEUTIC): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: 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 with unremarkable MRI findings. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. It is unclear if the patient had previous LESI and what functional outcome resulted; however, the patient continues with unchanged symptom severity, inconsistent clinical findings without report of acute flare-up or new injury, without decrease in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic 2010 injury. Criteria for repeating the epidurals have not been met or established. The Epidural Steroid Injection - Bilateral L5-S1 (Diagnostic and Therapeutic) is not medically necessary and appropriate.