

Case Number:	CM14-0000830		
Date Assigned:	01/17/2014	Date of Injury:	06/18/2001
Decision Date:	04/29/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine, 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 patient is an employee of [REDACTED] and has filed a claim for postlaminectomy syndrome associated with an industrial injury date of June 18, 2001. Utilization review from December 3, 2013 denied the request for interlaminar steroid injection due to unclear efficacy concerning prior epidural steroid injection and no neurological deficit on clinical exam. Treatment to date has included transforaminal epidural steroid injection 2005, multiple lumbar fusions, dorsal Final Determination Letter for IMR Case Number [REDACTED] column stimulator, physical therapy, and medications. Medical records from 2013 were reviewed showing the patient complaining of chronic low back pain. The pain radiates to the bilateral buttocks and posterior thighs. The pain is rated at 5 on the VAS. Objectively, the patient has mild tenderness over the lumbar spine. The patient has reduced lumbar range of motion. Motor and sensory was intact. Reflexes were noted at 1+ for the lower extremities. The patient had more than 50% pain relief for six weeks or more from the last epidural steroid injection. An MRI from January 2013 demonstrated lumbar spondylosis resulting in mild spinal stenosis at L4-L5 and L5-S1 and right L4-L5 and bilateral L5-S1 neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERLAMINAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain documented on physical exam and corroborated on diagnostic studies. In this case, the patient complains of chronic low back pain. The physical exam did not demonstrate significant and specific neurological deficits. In addition, the request does not specify a given level for injection. The patient's objective functional response to previous injection was not adequately assessed in terms of quantity and duration of pain relief, increase in functional capacity, and decrease in medication consumption. Therefore, the request for interlaminar epidural steroid injection is not medically necessary.