

Case Number:	CM14-0005107		
Date Assigned:	01/24/2014	Date of Injury:	08/14/2003
Decision Date:	08/06/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/14/2014

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 in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 55 year old female who sustained an injury to her low back on 08/14/03 while performing her usual and customary duties as a city bus driver; she noted the development of low back pain and bilateral lower extremities radiculopathy. She was initially treated conservatively, but symptoms did not resolve. She subsequently underwent lumbar laminectomy in 2004 and eventually had artificial disc replacement surgery at L5-S1 in 02/05, L5-S1 fusion in 2006, and L4-5 posterior fusion in 06/08. The injured worker continued to be symptomatic and there was consideration of extending the fusion to L3-4, but was declined at that time. Procedure note dated 11/11/13 reported that the patient underwent left L3-4 transforaminal epidural steroid injection. A clinical note dated 11/25/13 reported that the patient had complete relief following the previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SIDED LUMBAR EPIDURAL STEROID INJECTION L3-4, QTY: 1.00: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS Guidelines also states that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs, muscle relaxants). There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the injured workers response to any previous conservative treatment. Given this, the request for left sided lumbar epidural steroid injection L3-4 is not indicated as medically necessary.