

Case Number:	CM14-0009085		
Date Assigned:	02/14/2014	Date of Injury:	12/14/2009
Decision Date:	06/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/23/2014

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 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 58-year-old female who injured her low back due to repetitive tasks in a work related accident on December 14, 2009. The records provided for review document that the claimant failed conservative treatment and subsequently underwent an L4-5 and L5-S1 discectomy and interbody fusion performed on May 16, 2012. The December 9, 2013 progress report noted residual low back and leg pain and neck pain. Physical examination showed 4-/5 knee flexion and extension, positive straight leg raising and positive McMurray's testing of the knees bilaterally. The report of a postoperative lumbar MRI dated November 25, 2013 showed evidence of the prior L4-5 and L5 fusion with instrumentation. At the L3-4 level there was disc desiccation, facet arthropathy but no compressive findings. The L2-3 level was also noted to have disc desiccation and a paracentral disc protrusion resulting in abutment of the exiting right L3 nerve root. This is a request for an L3 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL ESI L3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , EPIDURAL STEROID INJECTIONS, 46

Decision rationale: California MTUS Chronic Pain Guidelines do not support the request for an epidural injection at L3. The Chronic Pain Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. While this individual is noted to have abutment of the exiting L3 nerve root on the MRI, there is currently no report of electrodiagnostic studies or documentation of physical examination findings specific to the L3 level to support the acute need of an epidural injection. Therefore, the request for an epidural steroid injection at the L3 level would not be supported as medically necessary.