

Case Number:	CM14-0151871		
Date Assigned:	09/19/2014	Date of Injury:	09/11/2008
Decision Date:	10/21/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/17/2014

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 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 claimant injured her low back on 09/11/08 when she slipped on a banana peel. An L1-L2 epidural steroid injection under fluoroscopic guidance is under review. She has complaints of low back pain that radiates to both lower extremities. She also has tenderness about the low back. Her diagnoses include chronic pain syndrome and post laminectomy syndrome. On 05/05/14, she reported that her pain was a lot better compared to before surgery. She still had pain. She had not had any epidural steroid injections after the surgery. She had a normal nonantalgic gait. Heel and toe gait were normal. There was loss of range of motion. She had tenderness. The lumbar spine MRI dated 06/13/14 revealed a broad-based disc bulge at L1-2 that in conjunction with facet hypertrophy and ligamentum flavum flava laxity produced mild central canal narrowing and mild bilateral neural foraminal narrowing similar to before. There were findings at other levels with disc bulges. The impression does not address level L1-2. Bilateral facet joint injections were recommended. On 06/25/14, she was evaluated and had recently had an MRI of the lumbar spine. The fusion was solid and there were no findings for which surgery was necessary. On 07/07/14, an ESI was recommended. Her pain was worse with flexion and extension and was consistent with facet pain. On 07/23/14, a lumbar epidural steroid injection was recommended. On 08/28/14, she reported low back pain radiating to the knees that was aching. On 09/08/14, she had right side tenderness at L4 and the iliolumbar region. She had pain was range of motion and decreased reflexes. An ESI at level LI-2 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1-L2 Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 79.

Decision rationale: The history and documentation do not objectively support the request for an ESI at level L1-2 under fluoroscopy. The MTUS state "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)... Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)..."There is no clear objective evidence of radiculopathy on physical examination at the level to be injected (L1-2) and no EMG was submitted. There is no indication that the claimant has failed all other reasonable conservative care, including PT, or that this ESI is being offered in an attempt to avoid surgery. No surgery has been recommended. The MRI did not reveal nerve root compression at the level to be injected. There is no indication that the claimant has been instructed in home exercises to do in conjunction with injection therapy. The medical necessity of this request has not been clearly demonstrated.

Fluoroscopic guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.