

Case Number:	CM14-0152228		
Date Assigned:	09/22/2014	Date of Injury:	09/11/2002
Decision Date:	10/21/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/18/2014

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:

This is a 63-year-old female who sustained a low back injury on 09/11/02. The medical records provided for review documented that the claimant is being treated for chronic pain. The report of assessment on 9/2/14 described continued low back complaints, left greater than right, with radiculopathy. Physical examination revealed an antalgic gait, restricted lumbar range of motion, with spasm and guarding. There were no neurologic findings documented. The assessment documented that the claimant has been treated with multiple epidural steroid injections, the last one in April 2013 providing 40 percent pain relief for only one week. The documentation also indicates treatment consists of narcotic agents and activity restrictions. The records fail to document any evidence of recent conservative care or reports of recent imaging in regard to the claimant's lumbar spine. This is a request for a repeat epidural steroid injection at the L4-5 and L5-S1 levels to be performed bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal LESI at L4-L5 and L5-S1 (lumbar epidurogram, IV sedation, fluoroscopic guidance, and contrast dye): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar epidural steroid injections (LESI's).

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for bilateral L4-5 and L5-S1 epidural steroid injections cannot be supported as medically necessary. The Chronic Pain Guidelines for Epidural Injections recommend firm establishment of the diagnosis based on radiculopathy on physical examination corroborated by imaging and/or electrodiagnostic testing. For repeat injections, the Chronic Pain Guidelines recommend benefit from the initial injection of greater than 50 percent pain relief with associated reduction in medication use for six to eight weeks. The medical records document that the claimant had an Epidural Injection in April 2013 that was documented to provide only 40 percent relief for one week. The documentation for review does not identify any radicular findings on examination. There are also no imaging or electrodiagnostic studies demonstrating compressive radicular pathology. Based on the above, the requested two-level Epidural Steroid Injection in this case would not be supported as medically necessary.