

Case Number:	CM14-0156279		
Date Assigned:	09/25/2014	Date of Injury:	09/29/2008
Decision Date:	10/27/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/24/2014

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 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 48-year-old female with a date of injury of 9/29/08. Mechanism of injury is reportedly cumulative trauma. She has been previously diagnosed with lumbar degeneration/intervertebral disc injury and has an MRI from 12/14/12 that showed moderate to severe degenerative disc disease with moderate stenosis on the right and mild at the left at L4-5. She had an ESI at L4-5 in June of 2013. Quantified response is not documented. She returned in follow-up on 7/15/14 with back pain that was increasing in severity. There was also anteromedial left leg pain and sensation of shaking. Exam shows reduced ROM, negative SLR, and normal strength. She is areflexia. This report does not discuss conservative means for this increase in pain prior to consideration of repeat ESI, and it does not quantify the response to last injection. This was submitted to Utilization Review with an adverse determination rendered on 8/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection, Left L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, 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: Guidelines do support epidural steroid injections in patients who have failed conservative care and have symptoms, objective exam findings, and diagnostic studies that corroborate the clinical diagnosis of radiculopathy. For repeat injections, guidelines require at least a 50% quantified benefit response to be documented. In this case, the patient had an ESI in June of 2013 and returns one year later with an increase in back pain. While there is leg pain, symptoms are vague, and not clearly identified as radicular. There are no exam findings that support the clinical diagnosis of radiculopathy. There is no documentation of conservative trials of care for this exacerbation prior to consideration of interventional procedures. Finally, the response from the last injection is not quantified. Medical necessity for lumbar epidural steroid injection at left L4-5 is not established. The request for Lumbar Epidural Steroid Injection, left L4-L5 is not medically necessary.