

Case Number:	CM14-0164304		
Date Assigned:	10/09/2014	Date of Injury:	06/18/2001
Decision Date:	11/10/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/06/2014

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 68 year-old patient sustained an injury on 6/18/2001 while employed by [REDACTED]. Request(s) under consideration include Epidural steroid injection left L5-S1. Diagnoses include lumbar intervertebral disc displacement without myelopathy and left hip trochanteric bursitis. Report of 6/2/14 noted mild tenderness at lateral left hip with exam findings of lumbar spine spasm, mild tenderness at left trochanteric bursa with negative SLR. Work status was unchanged. Report of 9/2/14 from the provider noted patient with increasing pain to the low back, left hip, buttock, and left leg associated with weakness in leg and decreased left lateral foot sensation. The patient was noted to undergo previous L5-S1 lumbar epidural steroid injection a year ago with significant improvement in ADLs and medications. Exam showed positive SLR at 70 degrees on left; lumbar spine with spasm and tenderness on left sciatic notch; trace weakness at plantar flexion on resistance; and decreased sensation at left S1 dermatome on lateral aspect of left foot. Work status unchanged. The request(s) for Epidural steroid injection left L5-S1 was non-certified on 9/16/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection left at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the repeat epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Although the provider reported improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without specific decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this 2001 injury. Criteria for repeating the epidurals have not been met or established. The Epidural steroid injection at left L5-S1 is not medically necessary and appropriate.