

Case Number:	CM14-0024527		
Date Assigned:	06/11/2014	Date of Injury:	06/19/2011
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/26/2014

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 Neurological 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 injured worker is a 70-year-old female injured on August 19, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated December 12, 2013, indicated that there are ongoing complaints of lumbar spine pain radiating to the right lower extremity with numbness and tingling. The physical examination demonstrated diffuse tenderness over the lumbar paraspinal muscles and moderate to severe facet tenderness from L4 through S1. There was also slightly decreased lumbar spine range of motion as well as decreased sensation along the bilateral L3, L4 and L5 dermatomes. Slightly decreased muscle strength was noted with EHL extension and knee extension bilaterally. There was a diagnoses of lumbar spine disc disease, lumbar spine radiculopathy, lumbar spine facet syndrome, and status post right knee arthroplasty. Diagnostic imaging studies, dated December 2, 2013, noted multilevel facet arthrosis and a disc bulge at the L4-L5 and L5-S1 level. Previous treatment includes epidural steroid injections in May 2012 which reported 100% improvement, however symptoms have returned to baseline. A request had been made for bilateral L3-L4 and L4-L5 epidural steroid injections and was not certified in the pre-authorization process on February 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3-4 AND L4-5 EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, Updated June 10, 2014.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend the use of epidural steroid injections more than twice. According to the Official Disability Guidelines (ODG), additional epidural steroid injections could be considered if the injured employee has acute exacerbation of pain or new onset of radicular symptoms. According to the medical records provided, the injured employee has had at least three epidural steroid injections to the lumbar spine, and there is no mention in the medical record that there is an acute exacerbation of pain or new onset radicular symptoms. For these multiple reasons, this request for bilateral L3-L4 and L4-L5 Epidural Steroid Injections is not medically necessary.