

Case Number:	CM14-0024902		
Date Assigned:	06/13/2014	Date of Injury:	07/31/2007
Decision Date:	07/16/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/27/2014

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:

The patient is a 66 year old male who was injured on 07/31/2007. Mechanism of injury is unknown. Prior treatment history has included transforaminal epidural steroid injection at L2-L3 dated 02/04/2014. The patient underwent L3-L4 anterior posterior fusion with laminectomy, 06/30/2008. Diagnostic studies reviewed include MRI of lumbar spine dated 12/19/2013 revealing the following: 1) Very large right central L2-L3 disc extrusion with moderate central canal stenosis, moderate left and severe right lateral recess and foraminal stenosis. 2) Status post anterior posterior fusion and laminectomy at L3-L4 without recurring central canal stenosis. There is very narrow fibrosis and mild bilateral foraminal narrowing. 3) Annular bulging of L1-2 and L4-5 and L5-S1 discs without central canal stenosis. 4) Degenerative spondylolisthesis at L2-L3 and L4-L5. Progress note dated 04/04/2014 documented the patient with low back pain and the patient received less than 30% relief from the last injection. Objective findings on examination reveal tenderness to palpation in the lower back. Utilization report dated 02/19/2014 states the request for epidural steroid injection to the lumbar spine was not certified as there was a lack of radicular findings on exam and inadequate response to first lumbar epidural steroid injection two weeks prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI(EPIDURAL STEROID INJECTION) LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS/CPMT recommends the use of Lumbar epidural steroid injections for the treatment of acute or chronic low back pain with radiculopathy after failure of conservative treatment. The medical records document that the patient had a prior Lumbar Epidural with minimal relief of pain symptoms. Further, the documents do not show any radicular evidence. Based on the MTUS/CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.