

Case Number:	CM14-0032393		
Date Assigned:	06/20/2014	Date of Injury:	02/20/1998
Decision Date:	08/15/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/14/2014

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 Nevada. 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 records presented for review indicate that this 60-year-old female was reportedly injured on a February 20, 1998. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 7, 2014, indicates that there are ongoing complaints of neck pain, and low back pain radiating to the lower extremities. Current medications include Ambien, Opana, Soma, and Naprelan. The physical examination demonstrated the ability to heel and toe walk with no difficulty rising to stand. There was 5/5 lower extremity motor strength. Diagnostic imaging studies reported L3-L4 central canal stenosis and L5-S1 left foraminal stenosis and evidence of prior lumbar fusion. Previous treatment includes a lumbar fusion from L4 to S1 and a prior lumbar spine epidural steroid injection. A request was made for bilateral transforaminal epidural steroid injections at L3-L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar 3-4 Transforaminal Epidural Steroid Injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Medical Treatment Utilization Schedule (MTUS) (Effective July 18, 2009) Page(s): 46.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines the criteria for lumbar epidural steroid injections include the presence of a radiculopathy that is corroborated by physical examination and imaging studies and/or electrodiagnostic testing. According to the most recent physical examination dated February 7, 2014, there are no radicular findings on physical examination. Additionally, MRI studies of the lumbar spine do not show any potential neurological involvement. Additionally the injured employee has had previous lumbar spine epidural steroid injections and efficacy of this procedure is unknown. For these multiple reasons this request for bilateral Lumbar L3-L4 transforaminal epidural steroid injections is not medically necessary.