

Case Number:	CM14-0037050		
Date Assigned:	06/25/2014	Date of Injury:	02/11/2013
Decision Date:	07/31/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/27/2014

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 Occupational Medicine and Emergency Medicine 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 60-year-old female, who injured her lower back on 2/11/13, while turning a client around to perform CPR. The prior treatment included medications, physical therapy, acupuncture, chiropractic treatment and lumbar transforaminal epidural steroid injections (ESI) at L5-S1 on 8/21/13, which helped. The patient has a history of motor vehicle accident resulting in multiple fractures in 2005; injury to upper and lower extremities, cervical spine and lumbar spine due to heavy lifting and history of bicycle accident. History was also significant for subarachnoid hemorrhage, left humerus and left femur fracture, status post surgery, depression, pneumonia and sepsis with gram positive staph coagulase-negative cocci, fracture L1 to L3 and some fracture in L4, spondylolisthesis L4-L5 and herniated disc L5-S1. An undated lumbar computed tomography (CT) scan showed transverse process fracture on the right side of L1 through L4 and on the left side of L1 through L3. There was fracture of the L3-L4 spinous process. X-rays of lumbosacral spine dated 7/12/05 revealed questionable lucency through T12 possibly representing fracture versus artifact. An MRI of the lumbar spine dated 12/9/05, showed disc protrusion along with the presence of a large disc herniation centrally and onto the right side with foraminal encroachment at L5-S1. X-rays of the lumbar spine dated 2/4/13, showed degenerative facet arthropathy at L3-L4, L4-L5 and L5-S1 with grade I pseudo spondylolisthesis at L5-S1. An MRI of the lumbar spine dated 4/30/13 showed L3-L4 bilateral facet arthropathy, L5-S1 grade II anterolisthesis of L5 over S1, Modic Type II changes with endplates, 5-6 millimeter un-roofing of the disc causing partial narrowing of the neural foramina. Bilateral pars interarticularis defect, 2-3 millimeter diffuse posterior disc bulge with posterior mid sagittal annular tear and bilateral facet arthropathy. The patient was evaluated on 2/25/14 for cervical, lumbar and bilateral knee pain. Lumbar epidural steroid injection (ESI) had helped. An examination of the lumbar spine showed limited range of motion (ROM). The diagnoses

were cervical sprain/strain, lumbar sprain/strain and bilateral knee pain. The treatment plan was injections. On 3/3/14, the request for a second lumbar ESI was denied as objective evidence of current radiculopathy per physical exam was not documented and response to lumbar epidural steroid injection (ESI) performed in 2013 was not documented. In addition, the level of requested injection was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural steroid injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections (ESIs).

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

Decision rationale: The request for a second epidural steroid injection (ESI) to the lumbar spine is not medically necessary. The physical examination related to the request for a second ESI contained no data documenting a dermatomal radiculopathy. In addition, the level requested was not documented. The clinical documentaion noting the ESI helped regarding the prior injection was not specifically detailed. Further, there is no objective evidence or current radiculopathy documented including functional improvement and response to the lumbar epidural steroid injection (ESI) performed in 2013. The Chronic Pain Guidelines indicate that epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain, which is defined as pain in a dermatomal distribution, with corroborative findings of radiculopathy. With this, the request is not medically necessary.