

Case Number:	CM14-0044348		
Date Assigned:	07/02/2014	Date of Injury:	11/30/2008
Decision Date:	08/29/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/11/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 47-year-old female who reported an injury on 11/30/2008. The mechanism of injury was not provided. The injured worker underwent an MRI of the lumbar spine on 06/28/2013. The MRI revealed that at the level of L3-4, there was a focal disc protrusion directed towards the level neural foraminal and extraforaminal zones resulting in mild to moderate left neural foraminal narrowing possibly impinging the L3 nerve root. There was mild worsening of the L4-5 mild bilateral recess narrowing and mild left foraminal narrowing from a disc bulge and hypertrophic facet arthropathy. At the level of L5-S1, there was worsening of the mild bilateral lateral recess narrowing, mild right and mild to moderate left neural foraminal narrowing from a focal central disc protrusion with an annular fissure and hypertrophic facet arthropathy. The documentation of 03/26/2014 revealed the injured worker had low back pain and tenderness to palpation. The diagnoses included lumbar discogenic syndrome, lumbar facet arthropathy, piriformis syndrome, and trochanteric bursitis. The treatment plan included a lumbar epidural steroid injection, chiropractic care, TENS unit, exercise, TheraCane, and ultrasound treatment. Subsequent documentation of 04/18/2014 revealed the injured worker had previously undergone lumbar epidural steroid injection on the right of the bilateral L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L3-S1.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The California MTUS guidelines recommend for repeat epidural steroid injections, but there must be documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The clinical documentation submitted for review only indicated the injured worker had previously undergone an epidural steroid injection. There was a lack of documentation of the above criteria. Given the above, the request for lumbar epidural steroid injection L3-S1 is not medically necessary.