

Case Number:	CM14-0064772		
Date Assigned:	07/11/2014	Date of Injury:	07/30/2007
Decision Date:	09/16/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/07/2014

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 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 30 year old male was reportedly injured on 7/30/2007. The mechanism of injury is noted as a low back injury after lifting. The claimant underwent lumbar spine surgery on 11/28/2007 with no relief of pain. The most recent progress note, dated 4/2/2014 indicates that there are ongoing complaints of low back pain with radiation to the lower extremities. He reported ten percent relief in low back pain and twenty percent relief in leg pain after a transforaminal epidural steroid injection at L5/S1 on 3/3/2014. The physical examination demonstrated slight improvement in range of motion; positive straight leg raise; decreased sensation in bilateral L5 distribution; unable to heel to toe walk; and ambulates with a cane. MRI of the lumbar spine dated 1/20/2014 demonstrated a broad based disk protrusion, bilateral lateral recess and foraminal stenosis at L4/5; disk bulge with superimposed right paracentral disk extrusion, spinal stenosis and bilateral foraminal stenosis at L5/S1. Diagnosis noted as lumbar radiculitis. Previous treatment includes an epidural steroid injection (ESI), home exercise program and medications. A request was made for L4 to S1 interlaminar epidural injection which was modified and certified for a L5/S1 interlaminar injection in the preauthorization process on 4/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 Interlaminar epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability guideline.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support lumbar Epidural Steroid Injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third injection is rarely recommended. The claimant only had ten to twenty percent overall improvements with an epidural steroid injection at L5/S1 in March 2014. The current request for an interlaminar epidural steroid injection at L4 to S1 does not meet guideline criteria and therefore, is not medically necessary.