

Case Number:	CM14-0064785		
Date Assigned:	07/11/2014	Date of Injury:	02/20/1998
Decision Date:	10/03/2014	UR Denial Date:	04/28/2014
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 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 2/20/1998. The claimant underwent a lumbar fusion from L4 to S1 in 2007. The mechanism of injury was not listed. The most recent progress notes, dated 2/7/2014 and 4/4/2014, indicate that there were ongoing complaints of discomfort in her low back, gluteal region and lower extremities as well as left knee. Physical examination demonstrated the patient was able to go from a sitting to standing position with no difficulty and independently, good foot clearance bilaterally with gait, able to walk on heels and toes with no apprehension, and 5/5 strength with knee flexion/extension. Electromyogram/nerve conduction (EMG/NCV) study of lower extremities, dated 11/5/2013, was normal. No recent diagnostic imaging studies available for review. Diagnoses: Neurogenic claudication and lumbar spinal stenosis at L3-L4 status post lumbar fusion L4-S1. Previous treatment included lumbar spine surgery, lumbar injection and medications. A request had been made for bilateral transforaminal lumbar epidural Steroid injection (ESI) at L3-L4, which was not certified in the utilization review on 4/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Lumbar Epidural Steroid Injection (ESI) L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroids Injections (ESIs) Page(s): 46.

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

Decision rationale: MTUS Treatment Guidelines support the use of epidural steroid injections for lumbar radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic studies. Current recommendations suggest a 2nd epidural steroid injection if partial success is produced with the 1st injection and a 3rd ESI is rarely recommended. Review, of the available medical records, reports she had an ESI in the past, but it is unclear when and what improvement that injection provided. There were no objective findings of radiculopathy documented on exam, no recent MRI of the lumbar spine, and the EMG/NCV in November 2013 was normal. As such, this request is not considered medically necessary.