

Case Number:	CM14-0066420		
Date Assigned:	07/11/2014	Date of Injury:	12/29/2007
Decision Date:	08/28/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/09/2014

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, has a subspecialty in Interventional Spine 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 patient is a 55-year-old female with date of injury of 12/29/2007. The listed diagnoses per [REDACTED] dated 04/29/2014 are: Bilateral carpal tunnel syndrome, Spondylitis of the cervical spine, Spondylosis of the lumbar spine, Meniscus tear of the right knee. According to this report, the patient complains of increased low back pain and right leg radicular pain. She has not had any change in activity level. Her pain is rated a 3/10 to 4/10 at rest and increases to 5/10 to 6/10 with ADLs. She is performing exercises as instructed for her neck and lower back daily. The objective findings of the lumbar spine show no list or tilt in the erect stance. Shoulders/pelvis is held level. No sensory or motor deficits noted in the lower extremity. There is tenderness at the medial joint line of the right knee. There is tenderness in the midline from C4 to T1. There is no gross motor or sensory circulatory deficit in the upper extremities. The utilization review denied the request on 05/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection - Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 47.

Decision rationale: This patient presents with chronic low back pain and right leg pain. The treater is requesting an epidural steroid injection of the lumbar spine. The MTUS Guidelines page 46 and 47 on epidural steroid injection recommends this option for treatment of radicular pain, is define by pain in a dermatomal distribution with corroborative findings in an MRI. Repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The documents show that the patient has had several epidural steroid injections in the past but the dates are not known and there were operative reports. She reports that one ESI provided significant relief for at least 1 year. However, the percentage of relief, functional gain and medication use were not documented. No MRIs were provided for this review, and the treater does not discuss it either. In this case, the MTUS Guidelines require corroborating imaging study that explains the patient's radicular symptoms. The request is not medically necessary.