

Case Number:	CM14-0197390		
Date Assigned:	12/05/2014	Date of Injury:	12/22/2011
Decision Date:	01/20/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 40-year-old woman who sustained a work related injury on December 22, 2011. Subsequently, she developed low back pain. According to the progress report dated October 24, 2014 the patient had a magnetic resonance imaging (MRI) of the lumbar spine revealing mild degenerative disc disease L3 through S1, mild disc protrusions L4-5, abutting the transverse nerve roots without significant compression or displacement. The patient had an epidural injection on October 4, 2014, which gave her substantial relief of her symptoms, but then her symptoms recurred a few days later. She stated she had loss of bladder control a few weeks later. Examination of the lumbar spine/thoracic spine revealed positive tenderness in the paralumbar musculature. Negative tenderness in the parathoracic musculature. Negative tenderness in the posterior superior iliac spine region. Negative tenderness in the SI joints. Negative muscle spasming in the paralumbar musculature. Motor testing was 5/5 to all muscle groups of lower extremities. Walking on tiptoes was performed without difficulty. Walking on heels was performed without difficulty. Deep tendon reflexes: right knee 2+, left knee 2+, right ankle 2+, left ankle 2+. Range of motion was painful with forward flexion, extension, and lateral tilt (left and right). There was positive straight leg raise, sitting position at 90 degrees. The patient was diagnosed with left shoulder status post arthroscopy, subacromial decompression, AC joint resection; cervical strain, neural foraminal stenosis; lumbar spine multi level disc herniations and degenerative disc disease; right shoulder status post arthroscopy; low back pain; radiculitis right lower extremity; status post left knee arthroscopy. The provider requested authorization for second LESI L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd LESI L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to California MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. The patient had an epidural injection on October 4, 2014, which gave her substantial relief of her symptoms, but then her symptoms recurred a few days later. She stated she had loss of bladder control a few weeks later. There was no objective evidence of improvement in pain and function and any reduction in pain medications with the first ESI. There is no clear evidence of radiculopathy at the requested levels. Therefore, 2nd LESI L5-S1 is not medically necessary.