

Case Number:	CM14-0199434		
Date Assigned:	12/10/2014	Date of Injury:	09/22/2007
Decision Date:	01/23/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/28/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 09/22/07 when she slipped and fell on a wet floor with injury to her face, neck, and back. Her past medical history included a cervical spine fusion in 1997. She underwent a lumbar hemilaminectomy in 2010. An MRI of the lumbar spine is referenced as showing L4-5 and L5-S1 disc bulging with mild to moderate neuroforaminal narrowing. The claimant was seen on 04/11/14. A lumbar epidural steroid injection had been authorized. Revision cervical spine fusion surgery was pending. Physical examination findings included positive left straight leg raising and Lasgue test. Imaging results were reviewed. Trigger point injections were performed and medications refilled. On 04/16/14 the claimant underwent a left L5 epidural injection. On 04/25/14 there had been improvement in left-sided sciatic pain. There was decreased pain with straight leg raising. She had pain with cervical and lumbar spine range of motion. Medications were continued. On 06/06/14 physical examination findings appear unchanged. Urine drug screening was performed. She underwent the revision surgery on 07/17/14. On 10/27/14 she was having severe low back pain. Pain was radiating into her right lateral thigh. Physical examination findings include difficulty transitioning positions. She had a slow and guarded gait with a forward flexed posture. There was right lumbar paraspinal tenderness. Medrol was prescribed. On 11/03/14 there had been significant improvement with Medrol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Left L5-S1 Selective Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections (ESIs), therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 4.

Decision rationale: The claimant is more than 7 years status post work-related injury and continues to be treated for chronic radiating back pain. She underwent a lumbar fusion in 2010 with revision surgery in July 2014. An epidural injection in April 2014 provided improvement in sciatic symptoms. When seen by the requesting provider, Medrol was prescribed with significant improvement. Criteria for consideration of an epidural steroid injection include radiculopathy initially unresponsive to conservative treatments including exercises, physical methods, and medications. In this case, the claimant's symptoms were significantly improved with oral medication and therefore the request is not medically necessary.