

Case Number:	CM13-0035960		
Date Assigned:	12/13/2013	Date of Injury:	01/07/1998
Decision Date:	02/20/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 physician 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 74-year-old female who reported an injury on 01/07/1998. The patient is diagnosed with lumbar radiculitis, lumbar disc bulge, and status post epidural steroid injection with moderate relief. The patient was seen by [REDACTED] on 09/13/2013. The patient reported 50% pain relief following an epidural steroid injection. Physical examination revealed positive straight leg raising, decreased strength, and decreased sensation in the L5 dermatome. Treatment recommendations included a lumbar epidural steroid injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-5 Lumbar Epidural Injection; at Torrance Surgery Center: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. As per the clinical notes submitted, the patient

has undergone several epidural steroid injections in the past. Although it is stated that the patient reported greater than 50% pain relief in symptoms, there is no objective measurable documentation of improvement. The patient's physical examination revealed no significant changes with ongoing straight leg raising at 60 degrees, decreased strength, and decreased sensation. There is also no evidence of a failure to respond to recent conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. The patient's latest MRI of the lumbar spine is documented on 05/01/2009. There were no recent imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. Based on the clinical information received, the request for L3-5 Lumbar Epidural Injection; at Torrance Surgery Center is non-certified.