

Case Number:	CM14-0128324		
Date Assigned:	08/15/2014	Date of Injury:	08/27/2008
Decision Date:	10/23/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/12/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 injured worker is a 33 year old female who sustained an injury to her low back on 08/27/09. Mechanism of injury was not documented. MRI of the lumbar spine dated 03/27/14 revealed posterior annular tear in intervertebral disc with accompanying 2mm posterior disc bulge without evidence of neural foraminal narrowing at L3-4; mild to moderate canal stenosis; L4-5 posterior annular tear in the intervertebral disc with accompanying 3-4mm left paracentral posterior disc protrusion resulting in mild to moderate right and moderate to severe left neural foraminal narrowing; central canal was mildly stenosed; bilateral exiting nerve root compromise seen at L5-S1; posterior annular tear in intervertebral disc with accompanying 2-3mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. Progress note dated 07/15/14 reported that the injured worker continued to complain of low back pain radiating to the left leg with associated weakness at 4-6/10 VAS. Physical examination noted moderate to severe point tenderness over L5 spinous process; positive straight leg raise at 45 degrees right, 60 left; positive Patrick's sign right; range of motion flexion 45 degrees, extension 20 degrees, bilateral lateral bending 20 degrees. The injured worker was recommended for Caudal Lumbar Epidural Steroid Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Lumbar Epidural Steroid Injection with Epidurogram: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

Decision rationale: CAMTUS guidelines support repeat injection with first injection provides documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Review of available clinical records after 09/27/13 Epidural Steroid Injection noted no documentation of benefit in pain, function, and decreased medications. Therefore, the request was not deemed as medically appropriate. After reviewing the submitted clinical documentation, there was no additional objective clinical information provided that would support reverse of the previous adverse determination. Given this, the request for caudal lumbar Epidural Steroid Injection with Epidurogram is not indicated as medically necessary.

Post Lumbar Epidural Steroid Injection Evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Office visits

Decision rationale: The request for post lumbar Epidural Steroid Injection evaluation is not medically necessary. The Official Disability Guidelines state that the need for clinical office visit with healthcare provider is individualized based upon review of the patient concerns, signs, and symptoms, clinical stability, and reasonable physician judgment; however, given that the concurrent request for caudal lumbar Epidural Steroid Injection with Epidurogram was non-certified, by default, the request for post lumbar Epidural Steroid Injection evaluation is also not indicated as medically necessary.