

Case Number:	CM14-0096926		
Date Assigned:	07/28/2014	Date of Injury:	04/29/2003
Decision Date:	10/02/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/25/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 72-year-old female was reportedly injured on April 29, 2003. The mechanism of injury is noted as bending over to move something. The most recent progress note, dated June 3, 2014, indicates that there are ongoing complaints of low back pain radiating to the left lower extremity. The physical examination demonstrated decreased sensation at the left L4 nerve distribution. Diagnostic imaging studies of the lumbar spine showed a small synovial cyst on the left at L4 - L5 was abutting the left-sided L5 nerve root. Previous treatment includes a lumbar spine laminectomy, a cervical spine fusion, and oral medications. A request had been made for an epidural steroid injection at L4 and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient epidural steroid injection of lumbar spine at L4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the attached medical record there are findings at the L4 nerve distribution and the MRI of the lumbar spine indicates potential L5 nerve involvement. Additionally, this request does not state that this is an injection for the L3 - L4, or the L4 - L5 interspace. As such, this request for an outpatient epidural steroid injection of the lumbar spine at L4 is not medically necessary.