

Case Number:	CM14-0140451		
Date Assigned:	09/10/2014	Date of Injury:	04/11/2006
Decision Date:	10/21/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/29/2014

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, 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 patient is a 44 year old female with an injury date of 04/11/06. Based on the 08/06/14 progress report, the patient "Had a significant response to her first epidural steroid injection giving her 60 to 70% relief with significant improvement of her left leg pain. She also was recently diagnosed with a trochanteric bursitis." The date of this first ESI was not provided. The utilization review letter states that the patient has also began aquatic therapy. An MRI reveals the following: 1) 3 mm left paracentral left foraminal disc protrusion at L4-5 which narrows the left lateral recess and contacts the descending left L5 nerve root 2) central canal and neural foraminal remain patent 3) additional degenerative changes at L4-5 and L5-S1 There was no list of diagnoses provided. The utilization review determination being challenged is dated 08/18/14. There was one treatment report from 08/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (ESI) under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: According to the 08/06/14 report, the patient has trochanteric bursitis. The request is for a lumbar epidural steroid injection (ESI) under fluoroscopy. The patient has previously had an ESI but the date of this injection was not provided. MTUS Guidelines require 50% reduction of pain lasting 6 weeks or more with reduction of medication use for repeat injection. Although the patient did have 60-70% relief with the ESI, there is no documentation of medication reduction nor were there any pain scales or changes in ADLs. MTUS Guidelines also states that "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The provider has not provided any positive exam findings regarding the patient's lumbar spine. In the absence of a clear dermatomal distribution of pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI is not indicated. Recommendation is for denial.