

Case Number:	CM13-0001372		
Date Assigned:	05/09/2014	Date of Injury:	04/11/1997
Decision Date:	06/11/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/15/2013

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 Occupational Medicine 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 has submitted a claim for low back pain associated with an industrial injury date of April 11, 1997. Treatment to date has included medications, chiropractic treatment, and lumbar fusion L5-S1. Medical records from 2013 were reviewed, which showed that the patient complained of low back pain radiating to his legs accompanied by back spasms and stiffness. On physical examination, lumbar range of motion was limited on all planes with tenderness of the lumbar paraspinals. Straight leg raise test was positive. Lumbar x-ray dated May 1, 2013 revealed L4-S1 global fusion postsurgical changes; fracture of the anterior inner body screw at L5-S1 and left S1 pedicle screw; L2-3 progressive degeneration disc changes and degenerative spondylolisthesis; and L1-2 and L3-4 progressive degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; unresponsiveness to conservative treatment; and no more than one interlaminar level should be injected at one session. In this case, although there were objective findings to suggest the presence of radiculopathy, there were no imaging studies documenting concordant nerve root pathology. Furthermore, there was no discussion regarding failure of conservative management. In addition, the present request failed to indicate the levels to be injected. The criteria were not met. Therefore, the request for LUMBAR spine epidural steroid injection is not medically necessary.