

Case Number:	CM13-0008632		
Date Assigned:	11/08/2013	Date of Injury:	05/09/2011
Decision Date:	05/07/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/08/2013

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 Internal Medicine, and is licensed to practice in Florida. 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:

This patient is a 45 year-old with a date of injury of 05/09/11. A progress report associated with the request for services, dated 07/23/13, identified subjective complaints of low back pain radiating into the left leg. Objective findings revealed a positive straight leg-raising on the left. Motor and sensory function was normal. Diagnoses have included lumbar disc disease with sciatica. The patient has received physical therapy as well as aqua therapy and one epidural spinal injection in May of 2012. A Utilization Review determination was rendered on 08/05/13 recommending non-certification of "Left lumbar Epidural Steroid Injection at L4-5, quantity 1".

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT LUMBAR EPIDURAL STEROID INJECTION AT L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7/18/2009 Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, section on Epidural Steroid Injections.

Decision rationale: The MTUS Chronic Pain Guidelines note that epidural steroids injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for

surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Further, no more than one interlaminar level should be injected at one session. The Official Disability Guidelines (ODG) states that an epidural steroid injection "... offers no significant long-term benefit." Criteria include objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. They should be done using fluoroscopy. During the diagnostic phase, a maximum of one to two injections and the second block is not indicated without 30% or more improvement from the first. The claimant does not appear to have objective findings of a radiculopathy supported by imaging or electrodiagnostic studies. One injection was given in the past without any documentation as to benefit. Therefore, there is no documented medical necessity for the epidural steroid injection.