

Case Number:	CM13-0017319		
Date Assigned:	10/11/2013	Date of Injury:	04/18/2013
Decision Date:	01/07/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 physician 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 49 years old female who sustained lower back injury while on the job on April 18, 2013. According to medical records reviewed, patient reported experiencing lower back pain after moving a cosmetic display to the basement at one of [REDACTED] facilities. She had an X-ray of the lumbar spine on May 8, 2013, that was unremarkable for acute back ailment. On May 19, 2013, an MRI of the lumbosacral joint was performed that showed a slight circumferential disc bulge at L4-5, with no significant narrowing of central spinal canal, but mild left NF narrowing. She participated in 12 sessions of physical therapy with no improvement, but has reported persistent back spasm. She was prescribed Naproxen prn and Medrol pack for pain flare up. She continues to complain about pain in the left buttocks area that radiates to the left thigh. At issue is whether pain management consult for possible Epidural Steroid Injection or Sacral Injection is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Summary of Recommendations, Low Back Disorders and Glass LS, Blais BB, Genovese E, Goertz M, Harris JS, Hoffman H, et al (eds). Occupational Medicine Practice Guidelines: Evaluation. and Management of Common Health Problems and Functional Recovery in Workers, 2nd

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines stipulate that "the purpose of Epidural Steroid Injections (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit". The guidelines further state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The ACOEM guidelines state "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and Lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. This 49 years old female had a lower back injury on April 18, 2013. She had an X-ray of the lumbar spine on May 8, 2013, that was unremarkable for acute back ailment. On May 19, 2013, an MRI of the lumbosacral joint was performed that showed a slight circumferential disc bulge at L4-5, with no significant narrowing of central spinal canal, but mild left NF narrowing. The request for pain management consult for Epidural Steroid injection or Sacral Injection is not medically necessary based on the collaborative imaging studies result. Also, there is no record of any electrodiagnostic studies showing evidence of nerve root compression or impingement.