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| Case Number: | CM13-0021214 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 03/27/2012 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 08/12/2013 |
| Priority: | Standard | Application Received: | 09/06/2013 |

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 Anesthesiology, 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:

This is a 58-year-old male with a March 27, 2012 date of injury. A specific mechanism of injury was not described. An August 12, 2013 determination was modified. A certification was rendered for Percocet and a lumbar spine MRI, a non-certification was given for lumbar steroid injection L4-5. The reasons for non-certification were not available for review. An undated medical report identified that a lumbar spine MRI from September 2013 revealed a broad-based right greater than left paracentral 4.2mm disc protrusion at L5-S1, with mild to moderate right greater than left spinal and neural foraminal stenosis. At L4-5 there was moderate to severe bilateral lateral spinal and neural foraminal stenosis. An October 2013 medical report revealed lower back pain radiation to the posterior aspect of the bilateral lower extremities, worse on the right. An examination revealed decreased strength on the right tibialis anterior and extensor hallucis longus (EHL). Records also indicate that the patient underwent a bilateral microdecompression at L4-5 and L5-S1 on February 11, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR STEROID INJECTION L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 based on Non-MTUS Citation American Medical Association Guides.

Decision rationale: Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, the criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology, and conservative treatment. There was a previous denial for a lumbar epidural injection on August 12, 2013. However, the records provided did not include the reasons for the denial or any documentation prior to such determination. The most recent records document radiculopathy with concordant imaging for which the patient underwent a decompression in February 2014, however no records in support of such were provided. It is not clear if the patient had previous epidurals and their response (if applicable), or what the conservative treatment was prior to the request for the injection. Therefore this request is not medically necessary.