

Case Number:	CM13-0028299		
Date Assigned:	11/27/2013	Date of Injury:	10/13/2010
Decision Date:	01/27/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/23/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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.

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 42 year old female with a date of injury of 10/13/10. The MRI showed a bulge at L5/S1. The patient had a bilateral LS/S1 transforaminal epidural (TFE) in 01/13 with 6 months of relief reported but in 04/13 she remained on Norco, gabapentin, and an NSAID. Her neurological exams in 04/13, 07/13, and 08/13 were completely normal. A new MRI is pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

A bilateral transforaminal epidural steroid injection at the L5-S1 with fluoroscopic guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Chronic Pain Medical Treatment Guidelines (page 46), stipulates 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. Occupational Medicine Treatment Guidelines (page 300) states that 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. In the medical report dated 8/27/2013, the treating physician [REDACTED] indicated the previous epidural steroid injection on January 3, 2013 provided 60% relief of lower extremity radiculopathy symptoms and 40% relief of the patient's low back pain for 6 months; however, there is no documentation of functional improvement, or reduction in medication use. Therefore the request for epidural steroid injection is not medically necessary.