

Case Number:	CM13-0028820		
Date Assigned:	12/04/2013	Date of Injury:	10/25/2010
Decision Date:	01/16/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine & Rehabilitation 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 55 year old female with a date of injury of 10/25/10. The patient has received multiple epidural injections in the past as well as medial branch block with report of improvement by the patient for up to one year. Quantification of improvement was not reported in the record. A MRI dated 3/9/11 showed degenerative disc disease, small right lateral disc herniation at L2/3 with extruded disc material to the right foramen causing impingement of the right L2 nerve root. Mild disc protrusion from L2-S1 was also indicated. A repeat MRI in July 2013 showed no significant changes. The patient reported pain radiation to the bilateral lower extremities. Examination showed tenderness in the lower back with restrictive range of motion. Neuro examination was normal on 8/13/13. AME on 10/19/11 opinioned in future med care that patient could have epidural block for flare up of radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Lumbar Spine: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state, "The purpose of 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." For this patient there was no evidence of radiculopathy on clinical examination. There was no clear objective documentation in the record of improvement from the previous epidural injections. There was no evidence that the requested epidural steroid injection is in conjunction of a comprehensive rehab program progressing to more active treatment. According to the medical records provided for review, the patient is not a candidate for surgery. Therefore, the request for an epidural steroid injection is unlikely to offer the patient any significant long term functional benefit. The request for an epidural steroid injection lumbar spine is not medically necessary and appropriate.