

Case Number:	CM13-0039817		
Date Assigned:	12/27/2013	Date of Injury:	12/09/2009
Decision Date:	05/15/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 57 year-old male who reported an injury on 12/09/2009. The mechanism of injury was not stated. Current diagnoses included spinal/lumbar degenerative disc disease and spasm of the muscle. The injured worker was evaluated on 08/29/2013. The injured worker reported 5/10 pain with poor sleep quality. The injured worker reported improvement with a previous lumbar epidural steroid injection. Physical examination revealed limited lumbar range of motion, negative straight leg raising, positive facet loading maneuver, positive FABERE testing, 5/5 motor strength in bilateral lower extremities, and intact sensation. Treatment recommendations included a repeat lumbar epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT EPIDURAL STEROID INJECTION AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other

rehab efforts. There was no evidence of radiculopathy upon physical examination. There were also no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. There is no documentation of unresponsiveness to recent conservative treatment including exercises, physical methods, NSAIDs, and muscle relaxants. There is also no documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial injection. Based on the aforementioned points, the request for Repeat Epidural Steroid Injection at L5-S1 is non-certified.