MAXIMUS Federal Services

Case Number:	CM13-0048625		
Date Assigned:	12/27/2013	Date of Injury:	06/19/2012
Decision Date:	07/29/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/06/2013

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 Family 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 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 63-year-old female claimant sustaining injury on June 19, 2012 involving the low back. She has a diagnosis of lumbar degenerative disc disease with spondylolisthesis of L5 on S1. , foraminal stenosis at L4 - L5 and L5 - S1, and lumbar radiculopathy to the left leg. She has undergone several sessions of physical therapy as well as home exercise programs. She has used oral analgesics for pain management. An MRI was performed on May 22, 2013 confirmed the above diagnoses. Progress note on July 11, 2013 indicated claimant had three out of 10 pain. She was pleased with her progress during physical therapy. Physical findings were notable for mild tenderness of the lumbosacral region. She had good range of motion with a negative straight leg raise and she was neurovascular intact. A subsequent examination on September 11, 2013 indicated the claimant had pain with range of motion any positive straight leg raise finding. Due to a component of radiculopathy the claimant was recommended to continue home exercise program and a request was made for three epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 LUMBAR EPIDURAL INJECTIONS AT L3-L4: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 300-309.

Decision rationale: According to the ACOEM guidelines, epidural injections are optional for those with radicular pain to avoid surgery. Invasive techniques such as epidural Stewart injections me or for short-term improvement in like pain and sensory deficits inpatients with nerve root compression due to a herniated nucleus pulposis. The treatment has no long-term benefit nor does it reduce the need for surgery. In this case, there was no nerve root compression on MRI and the radicular symptoms were intermittent. Although a trail of epidural injection may be beneficial, the request for 3 treatments in advance is not medically necessary before determining the response to an initial treatment. The epidural injections x3 are not medically necessary.