

Case Number:	CM13-0048961		
Date Assigned:	03/03/2014	Date of Injury:	01/03/2013
Decision Date:	05/23/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/07/2013

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 Orthopedic Surgery 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:

The claimant is a 31-year-old gentleman who was injured in a work related accident on January 3, 2013. The medical records provided for review included a February 10, 2014 clinical progress report noting ongoing complaints of pain in the low back with radiating left lower extremity pain and spasm. Physical examination findings on that date showed restricted lumbar range of motion at end points with diminished sensation in an L5 dermatomal distribution of the left lower extremity and 4/5 strength to the EHL. The report of an MRI dated May 4, 2013 demonstrated L5-S1 disc desiccation with central disc protrusion resulting in mild central canal stenosis. Diagnosis was lumbar radiculopathy and disc disease. Given his ongoing complaints, a series of lumbar epidural steroid injections at the L5-S1 level was recommended. This review is for three lumbar epidural steroid injections at the L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE LUMBAR EPIDURAL STEROID INJECTIONS AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

Decision rationale: The Expert Reviewer's decision rationale: Based on the California MTUS Chronic Pain Guidelines, three epidural steroid injections would not be recommended as medically necessary. The Chronic Pain Guidelines clearly recommend that current research "does not support a series of three injections in either the diagnostic or therapeutic phase". Currently California MTUS Chronic Pain Guidelines recommend no more than "two epidural steroid injections". The request on this case for three epidural steroid injections would exceed the recommended criteria and cannot be supported as medically necessary.