

Case Number:	CM13-0049713		
Date Assigned:	12/27/2013	Date of Injury:	09/01/1996
Decision Date:	03/04/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/18/2013

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 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 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:

This injured worker's date of injury was 09/01/1996. He has chronic low back pain and his diagnoses include arachnoiditis/meningitis, lumbar disc degeneration, and sciatica. The patient had surgical L4-5 decompression and fusion in January 2004 and another (unspecified) procedure in 2005. He has had multiple epidural injection and nerve blocks previously in 2011 and facet injections in 2009. The treating physician's note dated 10/04/2013 states that there is "increased pain/swelling in low back unable to sleep or do any work and unable to do any ADL functions." The physical exam says 1+ swollen lumbar spine, diffusely tender with decreased ROM. There was a positive cross SLR, positive neurologic exam." The request is for lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four lumbar epidural steroid injections, bilateral L3-L4 & L4-5: Upheld

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

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

Decision rationale: This patient has chronic low back pain for many years. He received facet injections, epidural injections and nerves blocks previously. Epidural steroid injections (ESIs) are a treatment option for the treatment of radicular pain. Radicular pain follows specific dermatomal patterns on clinical and objective testing grounds. In order to be medically indicated, certain clinical criteria must be met. These include: clear documentation of radiculopathy on clinical and diagnostic studies, documentation of lack of response to conservative treatment methods, and documentation of functional improvement and 50% pain relief. Based on the documentation in this case the request for lumbar ESIs is non-certified.