

Case Number:	CM13-0052810		
Date Assigned:	12/30/2013	Date of Injury:	05/31/2009
Decision Date:	03/18/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 31, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; sacroiliac joint injection therapy on August 16, 2013; MRI imaging of the lumbar spine on April 26, 2013, notable for degenerative changes and a disk bulge at L5-S1 with an associated annular tear; unspecified amounts of chiropractic manipulative therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of November 1, 2013, the claim administrator denied a request for an L5 lumbar epidural steroid injection, citing a lack of clearly established lumbar radiculopathy. The applicant's attorney subsequently appealed. An earlier progress note of August 16, 2013 is notable for comments that the applicant reports 75% improvement following a recent SI joint injection and hip trochanteric bursa injection. The applicant exhibits tenderness and pain about the same. The applicant is a former smoker, it is stated. Further physical therapy and injection therapy are apparently endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 transforaminal/caudal epidural steroid injection with IV sedation and fluoroscopy: Upheld

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy. In this case, however, there is no description of any radicular symptoms or radicular signs which would make the case for epidural steroid injection therapy. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks, again, in this case, the attending provider has not documented any sciatic symptoms or complaints of low back pain radiating to the legs. The applicant appears to have focal hip and sacroiliac joint pain, as suggested on the most recent office visit, referenced above. There is, consequently, no clear clinical, radiographic, or electrodiagnostic evidence of radiculopathy or suspected radiculopathy for which epidural steroid injection therapy would be indicated. Accordingly, the request is not certified, on Independent Medical Review.