

Case Number:	CM13-0060110		
Date Assigned:	12/30/2013	Date of Injury:	02/14/2013
Decision Date:	08/19/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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 Arizona. 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 patient is a 54 year old with a date of injury on 2/14/2013. Subjective complaints are of back pain that radiated down the legs with a tingling sensation. Physical exam showed tenderness to palpation at the lumbar facets bilaterally at L3-S1. There was pain to palpation at the sacroiliac joints. Normal range of motion and positive straight leg raise on the left was noted. Motor strength was normal. There was hypoesthesia noted in the left thigh. Reflexes were normal. An MRI from 8/13/13 showed that all lumbar discs showed degeneration and mild disc narrowing at L2-3 and multilevel disc protrusion at L3-4 and L4-5 with no spinal stenosis or neurocompression. Prior treatments have included ice, medications, and heat.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERLAMINAR EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Chronic Pain Med Treatment Guidelines ESI Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines notes that the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For this patient there are no objective signs of specific nerve root involvement on physical exam and MRI does not demonstrate any neuro-compressive signs. Therefore, the request is not medically necessary and appropriate.