

Case Number:	CM13-0064903		
Date Assigned:	01/15/2014	Date of Injury:	07/27/2012
Decision Date:	04/23/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 37-year-old male who tripped and fell while carrying a 2x12 piece of lumber and injured his low back. A comprehensive orthopedic examination dated 10/30/2013, stated the patient is complaining of severe low back pain without any radicular pain. There is limitation of spinal motion, a negative straight leg raise no motor or sensory deficit, normal sensation, and normal deep tendon reflexes. MRI reveals grade 1 anterolisthesis of L5 on S1, bilateral L5 spondylolysis, and lumbar degenerative disc disease. Initially a request for 3 epidural injections was made; this position recommends one epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR A TRIAL OF THREE (3) LUMBAR EPIDURAL INJECTIONS AT L3-4 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46.

Decision rationale: The MTUS guidelines states epidural steroid injections are recommended for the treatment of radicular pain. Radicular pain must be documented by physical examination

and corroborated by imaging studies. In addition, most current guidelines recommend no more than 2 epidural steroid injections. This patient has no radicular signs or symptoms on examination. ACEOM states that epidural injections are not recommended for back pain without radiculopathy. Again, this patient has no documentation of radiculopathy or radicular pain. Therefore, the medical necessity for the requested lumbar epidural injections L3-4 has not been established