

Case Number:	CM13-0069117		
Date Assigned:	01/03/2014	Date of Injury:	03/16/2009
Decision Date:	03/27/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 Practice, has a subspecialty in Preventative 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 56 year old female beneficiary sustained a back injury on 3/16/09 while working on a metal in a saw. Due to persistent pain, an MRI was performed on 4/4/12, which indicated an annular tear of the L5-S1 area. She had a diagnosis of lumbar radiculopathy. Norco had been used for pain management and Zanaflex for muscle relaxation. A treating physician in June 13, 2012 indicated epidural steroid injections for the L5-S1 region for pain management. A recent exam note on 11/16/13 indicated the claimant had persistent pain, with a positive straight leg raise and decreased sensation on in the L5-S1 region. This exam report has been consistent with prior findings in 9/2013 and 1/2013. A request was made for 2 epidural steroid injections to treat radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Lumbar Epidural Steroid Injection at the left L5-S1 level between 11/13/13 and 12/28/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-309.

Decision rationale: According to the ACOEM guidelines, Epidural Steroid Injections are optional for management of radicular pain to avoid surgery. It may provide short-term improvement in leg pain and sensory deficits in those with a herniated disc but there is no long-term benefit nor does it reduce the need for surgery. There is lack of evidence to show long-term functional benefit. In addition, the documentation lacks information on therapy, rest and other modalities prior to considering invasive techniques. As a result the injections requested are not medically necessary.