

Case Number:	CM13-0072316		
Date Assigned:	01/08/2014	Date of Injury:	01/11/2012
Decision Date:	06/05/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/30/2013

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, has a subspecialty in Fellowship trained in Spine Surgery 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 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 injured worker is a 37 year old male who reported an injury on 01/11/2012 secondary to unknown mechanism of injury. The diagnoses included multiple lumbar degenerative disc disease, severe spinal stenosis and status post two separate epidural steroid injections. The injured worker was evaluated on 11/14/2013 for reports of moderate to severe low back pain after the previous injection. The injured worker indicated the injection caused him tailbone pain and gave him no major relief. The exam noted focal tenderness to the lumbar spine with extension at 10 degrees, right bending at 10 degrees and left bending at 15 degrees and bilateral straight leg raise to 70 degrees. The treatment plan included psychological referral, a repeat epidural steroid injection, medication management and possible surgical intervention. The request for authorization dated 11/14/2013 is in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT THE RIGHT L3-4 AND L4-5: Upheld

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

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

Decision rationale: The request for lumbar epidural steroid injection at the right L3-4 and L4-5 is non-certified. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain under guided fluoroscopy. There is a lack of objective findings to support radiculopathy. Furthermore, guidelines do not recommend repeat injections unless there is greater than 50% pain relief with increased in functional activity with the initial injection. The exam noted the injured worker reported no major pain relief. There is also no evidence of the intention to use fluoroscopy during the procedure. As such based on the documentation provided, the request is not medically necessary and appropriate.