

Case Number:	CM14-0000521		
Date Assigned:	01/24/2014	Date of Injury:	02/13/2004
Decision Date:	06/10/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 02/13/2004. The treating diagnosis is lumbar disc displacement. On 11/22/2013, the primary treating physician saw the patient in followup. The patient reported low back pain with left lower extremity symptoms. The patient was noted to be status post lumbar decompression in June 2012. The patient reported that prior epidural injections provided a significant reduction in pain for greater than 6 months with improved range of motion and improved tolerance to standing and walking. On exam, the patient had diminished sensation, right greater than left, in an L5 and S1 distribution and positive straight leg raising bilaterally at 45 degrees. The treating physician recommended a repeat epidural steroid injection at L5-S1, noting that the most recent epidural steroid injection was more than a year ago.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION AT THE BILATERAL L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, ,

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines state that the goal of epidural injections is to facilitate active treatment and avoid surgery but that this treatment alone offers no significant long-term functional benefit. Given that this injury is over a decade old, the rationale or indication for a repeat epidural steroid injection is not clearly supported in the medical record. Reports of activity or functional improvement are somewhat subjective and not clearly verified. The records do not clearly document specific functional goals or verifiable functional improvement from prior epidural injections, and it is not clear what benefit this treatment has offered in the past over noninvasive treatment options. The medical records are not consistent with the treatment guidelines in this case. The requested epidural injection is not medically necessary.