

Case Number:	CM14-0001863		
Date Assigned:	01/22/2014	Date of Injury:	03/17/2009
Decision Date:	03/25/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/06/2014

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 Occupational 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 17, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of February 2009, notable for central stenosis at L3-L4 and L4-L5 with moderate neuroforaminal narrowing at L5-S1; adjuvant medications; and psychotropic medications. In a Utilization Review Report of December 26, 2013, the claims administrator modified a request for a series of three epidural steroid injections to one (1) epidural steroid injection. The applicant's attorney subsequently appealed. On December 3, 2013, the attending provider performed what he described to be the first in a series of three lumbar epidural steroid injections. The applicant subsequently reported heightened low back pain radiating to the right lower extremity, rated 9/10, on December 16, 2013. It is stated that the injections did not help her pain. Suboxone, Ambien, and a TENS unit were issued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of three (3) lumbar epidural steroid injections (ESIs) under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The Chronic Pain Guidelines indicate that current research does not support a series of three injections in either the diagnostic or therapeutic phase. The guidelines suggest that an applicant be reevaluated after each injection to determine the analgesic and/or functional improvement effected following the same. The series of three (3) epidural steroid injections proposed by the attending provider, thus, does not conform to the guidelines. Therefore, the request is not certified.