

Case Number:	CM14-0005739		
Date Assigned:	02/07/2014	Date of Injury:	09/30/2012
Decision Date:	06/23/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/15/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 30 year old male who was injured on 9/30/2012. The diagnoses are low back pain and piriformis syndrome. The MRI of the lumbar spine showed mild degenerative disc disease. The patient had completed physical therapy and is now doing a home exercise program. A piriformis injection in 2013 resulted in 70% decrease in pain. On 12/17/2013, [REDACTED] documented subjective complaints of low back pain radiating to the lower extremities. The deep tendon reflexes were normal. There were no documented abnormal neuromuscular clinical findings. The patient reported itching and breathing problems with the use of Butrans patch that is responding to steroid cream and inhaler.

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 L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid I.

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

Decision rationale: The CA MTUS addressed the use of epidural steroid injection for the treatment of lumbar radiculopathy when conservative management with medications and

physical therapy have failed. The indications for lumbar epidural steroid injections is to reduce inflammation and pain, increase function and delay or avoid surgery. There should be documentation of subjective and objective findings of radiculopathy including radiological or EMG/NCS confirmatory tests. The record did not show significant subjective or objective findings of radiculopathy. The report on neuromuscular examination of the lower extremities did not confirm lumbar radiculopathy. The MRI of the lumbar spine is not indicative of possible cause for lumbar radiculopathy. The patient has not failed medication management. A prior injection of the piriformis muscle did result in significant pain relief. Therefore, the request for lumbar epidural steroid injection at L5-S1 is not medically necessary and appropriate.