

Case Number:	CM14-0012281		
Date Assigned:	02/21/2014	Date of Injury:	03/26/2013
Decision Date:	07/29/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/30/2014

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 Management, and is licensed to practice in Tennessee. 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 61-year-old female who has submitted a claim for lumbar disc with facet syndrome, lumbar sprain/strain, and segmental dysfunction associated with an industrial injury date of March 26, 2013. The medical records from 2013 to 2014 were reviewed. The patient complained of lower back pain with pain in the right ankle. The physical examination showed spasm and tenderness of the lumbar spine and paraspinous area. An MRI of the lumbar spine from June 7, 2013 showed bulges at L4-5 and L5-S1 that result in mild narrowing of the foramina bilaterally. The treatment to date has included non-steroidal anti-inflammatory drugs (NSAIDs), opioids, muscle relaxants, and topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) epidural steroid injections to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's) Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: According to page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include: radiculopathy

must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants), injections should be performed using fluoroscopy, if used for diagnostic purposes, a maximum of two injections should be performed. In this case, the patient complained of lower back pain with pain in the right ankle. An MRI of the lumbar spine from June 7, 2013 showed bulges at L4-5 and L5-S1 that result in mild narrowing of the foramina bilaterally. However, symptoms and physical examination findings are not compatible with lumbar radiculopathy. In addition, guidelines recommend a maximum of 2 diagnostic lumbar epidural steroid injections. Furthermore, the request did not specify the levels and laterality of the requested epidural steroid injections. The request is incomplete. Therefore, the request for three epidural steroid injections to the lumbar spine is not medically necessary.