

Case Number:	CM14-0012305		
Date Assigned:	06/13/2014	Date of Injury:	07/23/2011
Decision Date:	07/15/2014	UR Denial Date:	01/15/2014
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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 59-year-old gentleman who was reportedly injured on July 23, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated January 10, 2014, indicated there were ongoing complaints of low back pain radiating to the bilateral lower extremities. Current medications were stated to include Mobic, Percocet, Celebrex, Lidocaine patches, Lyrica and Ibuprofen. The physical examination demonstrated tenderness over the lumbar spine and decreased lumbar range of motion. There was a positive straight leg test at 40. There was also decreased sensation in the right L4 dermatome. There were diagnoses of lumbar vertebral disc disorder, lumbago and muscle spasms. Norco and Ibuprofen were prescribed, and a Toradol injection was given. Diagnostic imaging studies objectified multilevel degenerative disc disease of the lumbar spine. Previous treatment included physical therapy, a functional restoration program, and a lumbar nerve ablation. A request was made for lumbar spine epidural steroid injections and was not certified in the pre-authorization process on January 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION ON RIGHT L5-S1 UNDER FLOUROSCOPY GUIDE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46 of 127.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain; however, there is little evidence that these injections improve function or decrease the need for surgery or provide any pain relief beyond three months. Additionally, criteria for administering epidural steroid injections indicates that a radiculopathy should be corroborated by imaging studies and/or electrodiagnostic testing. The MRI of the lumbar spine only shows degenerative disc disease without any nerve root compression. For these reasons, this request for an epidural steroid injection of the lumbar spine is not medically necessary.