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| Case Number: | CM14-0013372 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 03/18/2009 |
| Decision Date: | 07/17/2014 | UR Denial Date: | 01/20/2014 |
| Priority: | Standard | Application Received: | 02/03/2014 |

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 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 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:

This is a 48-year-old female with a 3/18/09 date of injury. 2/7/14 progress report indicates left leg pain, weakness and numbness. Physical exam demonstrates limp favoring the left leg, lumbar tenderness, positive SLR on the left, generalized left leg weakness. 2/10/14 physical exam demonstrates diminished sensation in the left L5 and S1 dermatomes. 2/26/14 lumbar MRI demonstrates, at L5-S1, no significant spinal canal or neural foraminal narrowing. Treatment to date has included medication. Recently, there were repeated considerations for PT. The patient underwent previous anterior lumbar fusion at L4-5 and posterior decompression and fusion at L4-5. There is documentation of a previous 1/20/14 adverse determination for undocumented reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection (ESI) at L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides Radiculopathy.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. However, imaging reports were negative for frank nerve root compromise at L5-S1. There are several recent attempts to initiate PT, and it does not appear that an appropriate recent course of therapeutic management has failed. Therefore, the request for an epidural steroid injection (ESI) AT L5-S1 was not medically necessary.