

Case Number:	CM14-0014223		
Date Assigned:	02/26/2014	Date of Injury:	01/20/2013
Decision Date:	08/12/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/04/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The patient is a 41-year-old female with a 12/20/13 date of injury. On 1/7/14 there were complaints of low back pain radiating the right lower extremity. Clinically there was lumbar tenderness, but no focal neurological deficits. An MRI from 4/12/13 revealed minimal spondylosis with mild left foraminal narrowing at L5-S1. The 1/3/14 EMG/NCV was normal without evidence of lumbar radiculopathy. The 1/7/14 Progress note described ongoing glow back pain with radiation to the right lower extremity. An ESI from 11/2013 did not provide significant pain relief. No focal neurological deficits were noted. A procedure note dated 7/18/13 described right L5 foraminal ESI was performed. Multiple PT and chiropractic notes were reviewed. Treatment to date has included lumbar ESI (no significant pain relief); PT; chiropractic care, acupuncture; and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation AMA Guidelines.

Decision rationale: Medical necessity for the requested lumbar ESI is not established. This request obtained an adverse determination due to lack of corroborating clinical and imaging evidence. CA MTUS does not support epidural injections in the absence of objective radiculopathy, as well as corroborating imaging/electrodiagnostic studies. Within the context of this appeal, an additional progress note was provided, however there remain no focal neurological deficits on physical examination. Electrodiagnostic testing was unremarkable. The patient has had at least one prior ESI, without noted pain relief. Guidelines recommend repeat blocks only if there is at least 50-70% pain relief for six to eight weeks following previous injection. The request is not substantiated.