

Case Number:	CM14-0110997		
Date Assigned:	09/16/2014	Date of Injury:	09/08/2011
Decision Date:	11/07/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/16/2014

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 Pain Management 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 injured worker is a 95 year-old male with a date of injury on 9/8/2011. He is diagnosed with (a) lower back pain, (b) lumbar degenerative disc disease, (c) lumbar facet syndrome and (d) lumbar sprain/strain. His prior treatments include magnetic resonance imaging (MRI), electromyography (EMG)/nerve conduction velocity (NCV) studies, use of transcutaneous electrical nerve stimulation (TENS) unit, chiropractic therapy and home exercise program. He is currently under modified work status. Medical records dated 2/7/2014 through 5/30/2014 document that the injured worker has been experiencing low back pain that was increased with cold weather. Physical examinations consistently showed evidence of tenderness over the lumbar spine and decreased range of motion. Per medical record dated 6/20/2014, the injured worker reported worsening of low back pain radiating to both legs with numbness and tingling sensation. A lumbar spine examination revealed paravertebral muscle spasm and tenderness with decreased range of motion. Objective findings also showed positive straight leg raising test and decreased sensation following the L5-S1 dermatomal distributions on the right.

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 Injection Page(s): 46.

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

Decision rationale: Based on the criteria included in the Chronic Pain Medical Treatment Guidelines for the use of epidural steroid injections (ESI), the areas to be injected should not exceed two nerve root levels. The medical records submitted however failed to document the specific levels of the lumbar spine that need to be administered with an epidural steroid injection. Fulfillment of the necessary criterion is not achieved. Hence, the medical necessity of the requested lumbar epidural steroid injection is not established.