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| Case Number: | CM14-0112638 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 06/04/2012 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 06/24/2014 |
| Priority: | Standard | Application Received: | 07/18/2014 |

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 46-year-old male with a 6/4/12 date of injury. He was working as a machine inspector when he was lifting a steel box weighing approximately 80 pounds when he experienced pain in his lower back. On 6/3/14, the patient complained of low back pain, 6 to 9/10, radiating into the left leg. The pain is increased with weightbearing. Objective exam: toe and heel walk performed shows generalized weakness in the left leg. He has a slight limp in the left leg with ambulation. His lumbar ROM is decreased. He has absent DTRs at the ankles bilaterally and positive SLR. The treatment plan documents that the provider would like to obtain a new MRI since prior MRI 2 years old. Diagnostic Impression L Lumbar radiculopathy, Herniated disc at L2-3. Treatment to date: medication management. A UR decision dated 6/24/14 denied the request for the lumbar ESI at left L5 and S1. The rationale for the denial was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at left L5 (Lumbar 5) and S1 (Sacral 1): 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 Injection 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. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, there is no official MRI report provided for review. In the progress notes on 6/3/14, the provider documents that they would like to obtain a new MRI since the prior study was over 2 years old, but there is no copy of the actual report. In addition, it is noted that the patient has a herniated disc at L2-3 with foraminal extension from a prior MRI on 9/18/12, however, there is no documentation of significant pathology at L5-S1. In addition, there is no documentation of conservative treatment such as physical therapy. Therefore, the request for Lumbar epidural steroid injection at left L5 (Lumbar 5) and S1 (sacral 1) was not medically necessary.