

Case Number:	CM14-0125950		
Date Assigned:	08/13/2014	Date of Injury:	12/14/2000
Decision Date:	09/25/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/08/2014

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 American Board of Family Practice 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 49 year old male who sustained a work injury on 12/14/00 involving the low back. He was diagnosed with lumbar disc disease with myelopathy. An MRI in 3/7/14 indicated decreased disc height in the L2-S1 area and disc bulging of L4-L5. A progress note on 8/8/14 indicated the claimant had continued back pain (7/10). He had been unable to perform ADLs (activities of daily living). Exam findings were notable for limited range of motion of the lumbar spine with a positive straight leg raise and paravertebral spasms. The claimant had been on NSAIDs and Opioids for pain control. The treating physician requested a therapeutic epidural steroid injection for the lumbar spine to improve pain and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

TF Lumbar Epidural Steroid Injections L4-L5: 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.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may

provide short-term improvement for nerve root compression due to a herniated nucleus pulposus. The treatments do not provide any long-term functional benefit or reduce the need for surgery. Therefore, the request for a lumbar epidural steroid injections, is not medically necessary.