

Case Number:	CM14-0127510		
Date Assigned:	08/15/2014	Date of Injury:	07/18/2013
Decision Date:	09/29/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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 Texas. 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 42 year old male who sustained injury to his low back on 07/18/13 when he slipped and fell in a parking lot on an oil spill. Plain radiographs of the lumbar spine were negative for fracture, dislocation, and subluxation. An MRI of the lumbar spine dated 11/12/13 revealed mild spondylosis without spinal canal stenosis or neural foraminal narrowing at L5-S1. The injured worker continued to complain of low back pain with associated swelling and weakness 8/10 visual analogue scale. The injured worker completed at least seven physical therapy visits that provided minimal benefit. A physical examination of the lumbar spine noted positive Faber's test; range of motion flexion 60 degrees, extension 10 degrees, right lateral flexion 15 degrees, left lateral flexion 10 degrees. The injured worker was recommended for a series of three lumbar epidural steroid injections at left L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Left L5-S1 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The request for epidural steroid injection at left L5-S1 times three is not medically necessary. Previous request was denied on the basis that the imaging studies provided did not correlate with physical examination findings of an active radiculopathy at L5-S1. The California MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There were no electrodiagnostic testing results provided for review. Furthermore, current research does not support a series of three injections in either the diagnostic or therapeutic phase. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for six to eight weeks, per the California MTUS recommendations. Given this, the request for epidural steroid injection at left L5-S1 times three is not indicated as medically necessary.