

Case Number:	CM14-0128983		
Date Assigned:	08/18/2014	Date of Injury:	01/24/2013
Decision Date:	12/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/13/2014

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 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 52 year-old patient sustained an injury on 1/24/13 while employed by [REDACTED]. Request(s) under consideration include 2nd Lumbar Steroidal Epidural Injection L5-S1 Level. Diagnoses include left sacroiliac strain with radicular complaints. MRI of the lumbar spine showed minimal degenerative changes at L4-5 and L5-S1. Report from the provider noted the patient with ongoing chronic low back pain with activities of prolonged standing and sitting; "He reports epidural steroid injections provided no relief of pain." Exam showed increased tone and tenderness in the paraspinal musculature, at midline thoraco-lumbar junction and over L5-S1 facets and right greater sciatic notch with spasm. Diagnoses include lumbar spin sprain/strain left sacroiliac strain with radicular complaints. Treatment was for 2nd LESI. The request(s) for 2nd Lumbar Steroidal Epidural Injection L5-S1 Level was non-certified on 7/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Lumbar Steroidal Epidural Injection L5-S1 Level: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 52 year-old patient sustained an injury on 1/24/13 while employed by [REDACTED]. Request(s) under consideration include 2nd Lumbar Steroidal Epidural Injection L5-S1 Level. Diagnoses include left sacroiliac strain with radicular complaints. MRI of the lumbar spine showed minimal degenerative changes at L4-5 and L5-S1. Report from the provider noted the patient with ongoing chronic low back pain with activities of prolonged standing and sitting; "He reports epidural steroid injections provided no relief of pain." Exam showed increased tone and tenderness in the paraspinal musculature, at midline thoraco-lumbar junction and over L5-S1 facets and right greater sciatic notch with spasm. Diagnoses include lumbar spin sprain/strain left sacroiliac strain with radicular complaints. Treatment was for 2nd LESI. The request(s) for 2nd Lumbar Steroidal Epidural Injection L5-S1 Level was non-certified on 7/25/14. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the epidurals have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the repeat epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Additionally, the patient reported no pain relief or improvement post previous injections, and the patient continues with unchanged symptom severity, unchanged clinical findings without specific decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this 2013 injury. Criteria for repeating the epidurals have not been met or established. The 2nd Lumbar Steroidal Epidural Injection L5-S1 Level is not medically necessary and appropriate.