

Case Number:	CM14-0177789		
Date Assigned:	10/31/2014	Date of Injury:	07/16/2014
Decision Date:	12/26/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/27/2014

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:

Injured worker is a female with date of injury 7/16/2014. Per progress note dated 9/30/2014, the injured worker complains of lower back and leg pain. She reports that physical therapy helps a little bit. Her symptoms include pain, muscle spasm, decreased range of motion, paresthesias and numbness. The pain radiates to the left thigh and left lower leg. She describes the pain as aching and moderate in severity. On examination there is no midline lumbosacral spine tenderness, no paraspinal muscle tenderness and no paraspinal soft tissue induration or spasm. Forward flexion is decreased or painful. She arises abnormally. Seated straight leg raise is negative for leg pain. Sensation and motor exams are normal. Diagnoses include 1) acute left lumbar radiculopathy 2) acute low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection for The Lumbar Spine As An Outpatient: 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 section Page(s): 46.

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. MRI dated 8/27/2014 indicates minor neural foraminal stenosis at L4-5 and L5-S1, left greater than right due to facet encroachment from mild facet hypertrophy. The requesting physician reports that the impression is neuroforaminal narrowing, and is requesting ESI. The examination does not provide any objective evidence of radiculopathy. Imaging alone is not consistent with the criteria for the use of ESI. The request for Epidural Steroid Injection for The Lumbar Spine as an Outpatient is determined to not be medically necessary.