

Case Number:	CM14-0022111		
Date Assigned:	05/09/2014	Date of Injury:	04/10/2009
Decision Date:	08/08/2014	UR Denial Date:	02/15/2014
Priority:	Standard	Application Received:	02/21/2014

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 Nevada. 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 67-year-old male who was reportedly injured on April 10, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated January 29, 2014, indicates that there are ongoing complaints of low back pain. There were also complaints of difficulty sleeping due to stress and physical pain. A prior prescription of Nexium stated to work well for abdominal complaints. Current medications are stated to include Nexium, ibuprofen cream, hydrocodone and tizanidine. The physical examination demonstrated no lumbar spine tenderness, full lumbar spine range of motion and a negative straight leg raise test. Previous treatment includes a home exercise program. Epidural steroid injections were considered for future treatment. A request had been made for lumbar epidural steroid injections and was not certified in the pre-authorization process on February 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 EPIDURAL STEROID INJECTION: 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 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 46.

Decision rationale: The medical record contains a progress note dated November 8, 2013, which states that the previous epidural steroid injection provided July 2013 was still working well. There is an apparent history of multiple epidural steroid injections. The most recent progress note dated January 29, 2014, has a normal physical examination. There are no complaints of radicular symptoms nor are there any found on physical examination. A prerequisite for the administration of epidural steroid injections specifically states that there should be corroboration between radicular symptoms and objective findings on physical examination and diagnostic studies. As these findings are not currently present this request for an L4 - L5 epidural steroid injection is not medically necessary.