

Case Number:	CM14-0022773		
Date Assigned:	06/11/2014	Date of Injury:	07/19/2011
Decision Date:	08/12/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/24/2014

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 & 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:

The injured worker is a 48-year-old male who reported an injury on 07/19/2011. The mechanism of injury was a fall. His diagnosis was listed as lumbar spondylolithesis. His previous treatments were noted to include physical therapy and 2 previous epidural steroid injections. An MRI of the lumbar spine was performed on 01/17/2012 and revealed an L5-S1 anterolisthesis with possible spondylolithesis, with associated bulging disc and bilateral neural foraminal stenosis. On 01/30/2014, the injured worker presented with low back and bilateral leg pain, rated 8/10 to 9/10. His medications were noted to include Prilosec, Neurontin, Zanaflex, Vicodin, tramadol, and Celebrex. His physical examination revealed restricted and painful lumbar range of motion and difficulty bending and changing positions. The treatment plan was noted to include a lumbar epidural steroid injection at L5-S1. No specific rationale was provided for this treatment. A request for authorization was submitted for a lumbar epidural steroid injection at L5-S1 on 01/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS (ESIs) Page(s): 46.

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

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections may be recommended to promote functional progress in a more active therapeutic exercise program. The guidelines also state that repeat injections are not recommended unless documentation shows at least 50% pain relief, reduction of medication use, and objective functional gains, for at least 6 to 8 weeks following previous injections. The clinical information submitted for review indicated that the injured worker had previously been treated with epidural steroid injections. However, documentation was not provided showing evidence of at least 50% pain relief, increased function, and decreased medication use following these injections. In addition, the documentation indicated that the injured worker had radiating pain into his bilateral lower extremities. However, there were no objective neurological deficits noted on his physical examination. Therefore, in the absence of clear evidence of radiculopathy on physical examination, and details regarding the injured worker's previous epidural steroid injections, the request is not supported. As such, the request is not medically necessary.