

Case Number:	CM14-0025710		
Date Assigned:	06/13/2014	Date of Injury:	06/11/2013
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/28/2014

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 Management 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 is a patient with a date of injury of 6/11/13. A utilization review determination dated 2/14/14 recommends modification of ESI L5-S1 left x 2 to "ESI x 1 with subsequent injection dependent on results of initial." 1/31/14 medical report identifies pain in the thoracolumbar area and iliac crest bilaterally with pins and needles in the posterior thighs. Low back pain is 8-9/10. There is posterior leg to feet pain with numbness and tingling in posterior thighs. He has difficulty with urine and urgency of urine. Treatment has included medication, 6 PT visits, and acupuncture. On exam, decreased sensation in the L5 and S1 distributions on the right. 9/19/13 lumbar spine MRI at L5-S1 revealed no neuroforaminal stenosis or nerve root compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTIONS X 1 WITH SUBSEQUENT INJECTION DEPENDENT ON RESULT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for epidural steroid injections, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in a dermatomal distribution corroborated by physical examination as well as imaging studies and/or electrodiagnostic testing. Within the documentation available for review, the proposed level for injection is L5-S1. There is decreased sensation in the L5 and S1 distributions, but the MRI does not demonstrate findings consistent with radiculopathy at that level, and there is no EMG corroboration. In the absence of such documentation, the currently requested repeat lumbar epidural steroid injections is not medically necessary.