

Case Number:	CM14-0033364		
Date Assigned:	06/20/2014	Date of Injury:	07/16/2009
Decision Date:	07/23/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/17/2014

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 Texas. 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 45 year old female who sustained a low back injury on 07/16/09. Mechanism of injury was not documented. The injured worker underwent at least six visits of acupuncture therapy between 09/09/13 and 09/26/13 that provided minimal benefit. Progress report dated 10/01/13 reported that the injured worker continued to complain of low back pain. The injured worker had a small L5-S1 annular tear with left lumbar radicular complaints. It was reported that the injured worker was barely tolerating regular duty, but wanted to continue. The injured worker was not a surgical candidate. Physical examination noted normal gait; tenderness to palpation on bilateral paraspinals and point tenderness at L2 through S2; left sacroiliac joint tenderness; paraspinal musculature spasm left side; muscle strength 4/5; range of motion limited with pain and stiffness at extremes; normal heel toe walk; sensation intact. The injured worker was diagnosed with lumbar intervertebral disc herniation and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Epidural Steroid Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). The injured worker completed six visits of acupuncture therapy as an adjunct to traditional physical medicine treatment; however, there were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the response to any previous conservative treatment. There was no indication that the injured worker was actively participating in a home exercise program. Given this, the request for left epidural steroid injection at L5-S1 is not indicated as medically necessary.