

Case Number:	CM14-0034486		
Date Assigned:	06/20/2014	Date of Injury:	12/12/2005
Decision Date:	07/24/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/19/2014

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 47-year-old who sustained an injury to his low back on December 15, 2005 when he took an awkward step on his right leg, causing severe increase in right low back and leg pain at 6/10 on the visual analog scale (VAS). MRI of the lumbar spine revealed at L5-S1, there 6 millimeter posterior disc protrusion without canal or foraminal stenosis; L4-L5, there is 3 millimeter posterior disc protrusion without canal or foraminal stenosis. Treatment to date has included lumbar epidural steroid injection, facet joint injections, physical therapy, pain management, consultation, medications and a lumbar brace. Physical examinations noted decreased range of motion; palpable spasms or muscle fullness from L4-L5 to the lumbosacral joint junction; well healed surgical scar visible in the L4-L5 area; palpation minus 2 plus tenderness from L4-L5 to the lumbosacral joint junction with multiple trigger points and spasms; motor strength 4/5; straight leg raise positive 30 degrees left; facet loading with extension causes pain over the L5-S1 and L4-L5 facet joints bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar epidural steroid injection: 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 Epidural steroid injections Page(s): 46.

Decision rationale: The level/laterality was not specified in the request. The previous request was denied on the basis that previous epidural steroid injections provided minimal sustained relief and no change in analgesic intake. The Chronic Pain Medical Treatment Guidelines state that the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The request for one lumbar epidural steroid injection is not medically necessary or appropriate.