

Case Number:	CM14-0035845		
Date Assigned:	06/23/2014	Date of Injury:	11/09/1989
Decision Date:	09/22/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/24/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 55 year-old female who reported a work related injury on 11/09/1989. The mechanism of injury was a kick to the coccyx. Diagnoses consist of low back pain, degenerative disc disease at L5-S1, and mild degenerative scoliosis to the lumbar spine. Past treatments have included epidurals, and medication. Diagnostic tests have included an MRI on 10/31/2013 which indicated no right neuroforaminal stenosis, and only left sided neuroforaminal stenosis at LS-S1. The surgical history consisted of the removal of her coccyx. Subjective information that was provided was that the injured worker reported right leg pain as well as tailbone pain. The physical examination on 11/22/2013 revealed that previous epidural injections have helped her for about 1 to 1 year(s), she hoped that epidurals will be something that she can have to help her pain. She stated that her pain was not interfering with her daily activities. Medications consisted of Celebrex and Norco. The treatment plan includes an epidural and medications. The rationale for this request was to provide pain relief. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 to S1 epidural steroid injection times three: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines epidural steroid injections Page(s):

46. Decision based on Non-MTUS Citation Official Disability Guidelines, low back, epidural steroid injections, therapeutic.

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

Decision rationale: The request for Bilateral L5 to S1 epidural steroid injection times three is not medically necessary. According to the California MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. Furthermore, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. Within the documentation provided, upon physical examination there were no signs to coincide with radiculopathy such as sensory changes or motor strength deficits in a specific dermatomal or myotomal distribution. Documentation does reveal that the injured worker received about half of improvement, this improvement was note to last up to 1 to 1 and a half years, although documentation showed the last injection was given about 6 months ago. However, the amount of functional improvements with prior epidural steroid injections were not clearly specified. Additionally, the request was for bilateral injection although there was no documentation of symptoms being on the right side. As such, the request for Bilateral L5 to S1 epidural steroid injection times three is not medically necessary. Lastly, epidural steroid injections have not been proven to provide efficacy as a series. As such, the request is not medically necessary.