

Case Number:	CM14-0039679		
Date Assigned:	06/27/2014	Date of Injury:	04/16/2012
Decision Date:	08/07/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/04/2014

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 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and lumbar magnetic resonance imaging (MRI) imaging on November 26, 2012, notable for a 6.5 mm disk protrusion at L4-L5 with associated abutment of the L5 nerve root. In a Utilization Review Report dated March 13, 2014, the claims administrator partially certified a request for two epidural steroid injections as one epidural steroid injection. The applicant's attorney subsequently appealed. In a work status report dated April 28, 2014, the applicant was given a rather proscriptive 10-pound lifting limitation, which the treating provider suggested that the applicant's employer was unable to accommodate. In an April 23, 2014 medical-legal evaluation, it was suggested that the applicant was pending an epidural steroid injection. The applicant had unspecified amounts of chiropractic manipulative therapy, physical therapy and massage it was stated. The applicant was described as having electromyography (EMG) findings suggestive of lumbar radiculopathy. The applicant was given a diagnosis of lumbar radiculopathy. It was stated that the applicant had reached maximum medical improvement. Well-preserved lower extremity strength was noted. In an earlier note of February 3, 2014, the applicant was described as off of work, on total temporary disability, with pain complaints as high as 9/10. A series of two epidural steroid injections was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION AT L4-5 X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS).

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

Decision rationale: The proposed series of two lumbar epidural steroid injections are not medically necessary, medically appropriate, or indicated here. As noted on page 46 of MTUS Chronic Pain Medical Treatment Guidelines, a series of three epidural steroid injections are not recommended. By implication, then the series of two epidural steroid injections being proposed by the attending provider is likewise not indicated as page 46 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that pursuit of repeat block should be predicated on evidence of functional improvement with earlier blocks. Therefore, the request is not medically necessary.