

Case Number:	CM14-0040820		
Date Assigned:	06/30/2014	Date of Injury:	02/15/2013
Decision Date:	07/29/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 2/15/13. A utilization review determination dated 3/26/14 recommends non-certification of lumbar ESI. It references a 3/17/14 medical report identifying low back pain 7/10 radiating to the BLE, left more than right. On exam, there was decreased sensation in the bilateral L5 dermatomes. Treatment to date included EHP, medication, work/activity restrictions, back brace, heat, and PT/aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bilateral Lumbar Interlaminar Epidural Steroid Injection a the L5-S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings on exam and imaging and/or electrodiagnostic studies. Within the documentation available for review, there are no imaging or electrodiagnostic studies corroborating the radicular symptoms and exam findings. Additionally, it is unclear why a

bilateral interlaminar injection is being requested, when the medication from a single interlaminar injection generally spreads to both sides. In the absence of clarity regarding those issues, the currently requested bilateral lumbar interlaminar epidural steroid injection at the L5-S1 level is not medically necessary.