

Case Number:	CM14-0042909		
Date Assigned:	09/12/2014	Date of Injury:	03/21/2013
Decision Date:	10/21/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/10/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 46 year-old individual was reportedly injured on 3/21/2013. The mechanism of injury is noted as a lifting injury while helping a patient get out of bed. The most recent progress note, dated 6/19/2014, indicates that there were ongoing complaints of upper back, mid back, and low back pain. The physical examination demonstrated: upper/mid back: decreased range of motion, positive tenderness of the mid-lower paraspinal musculature bilaterally and spasm of the lower paraspinal musculature bilaterally. Flexion, 43, right rotation 26, left rotation 21. Lumbar spine: decreased range of motion. Straight leg raise in the sitting and supine position is positive at 55 degrees on the right with pain and numbness in the right posterior leg and right lateral foot. Tenderness and spasm with palpation of the paralumbar musculature bilaterally. Positive tenderness over the right SI joint, sciatic notch, and PSIS, as well as spinous processes at L4-five. No recent diagnostic studies were available for review. Previous treatment includes previous epidural steroid injections, medications, physical therapy, and acupuncture. A request had been made for lumbar epidural steroid injection at L5-S1, and was denied in the pre-authorization process on 3/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) outpatient second lumbar epidural steroid injection (ESI) at the L5-S1 levels:
Upheld

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

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

Decision rationale: MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, and considering the criteria for the use of epidural steroid injections as outlined in the MTUS; it is noted the injured worker does have chronic low back pain that radiates into the lower extremities, however, according to the medical records provided the claimant has received 2 series of epidural steroid injections. Current guidelines do not support a series of three injections in either the diagnostic or therapeutic phase. They recommend no more than two ESI injections. Therefore, this request is deemed not medically necessary.