

Case Number:	CM14-0046047		
Date Assigned:	07/02/2014	Date of Injury:	03/18/2005
Decision Date:	08/20/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/14/2014

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 Family Practice 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 claimant is a 52-year-old female sustained a work related injury of the low back. A magnetic resonance imaging (MRI) of the lumbar spine noted L3-L4 stenosis, desiccated L4-5, degenerative changes and impingement of the L5-S1. She was diagnosed with spinal stenosis, lumbago and chronic pain. She had undergone physical therapy, lumbar epidural steroid injections (LESI) which helped for a few months and analgesics. A progress note on 3/10/14 indicated the claimant had 6/10 low back pain aggravated with sitting and radiated to the legs. She was able to perform activities of daily living. Exam findings were notable for reduced flexion and extension of the lumbar spine, tenderness in the paraspinal regions, and decreased sensation in the L5 region. The treating physician recommended another LESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-5 TRANSFORAMINAL ESI W/ FLUOROSCOPY GUIDANCE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposus. The treatments do not provide any long-term functional benefit or reduce the need for surgery. The request therefore is not medically necessary for a lumbar trigger point injection.