

Case Number:	CM14-0046312		
Date Assigned:	07/02/2014	Date of Injury:	12/04/1989
Decision Date:	08/20/2014	UR Denial Date:	03/17/2014
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:

58 yr. old male claimant sustained a work injury on 12/4/89 involving the lower extremities and low back. He was diagnosed with chronic low back pain and lumbar radiculopathy. A progress note on 1/27/14 indicated the claimant had continued 8/10 pain in the lumbar region. He had been using Vicodin and topical Lidoderm for pain relief. Exam findings were notable for decreased sensation and vibration in the L4-L5 region. A subsequent visit on 2/27/14 indicated continued 9/10 pain radiating down to his legs. He had received prior Lumbar Epidural Steroid Injections (LESI) and facet blocks and derived benefit. The examination was unchanged and the treating physician requested another LESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI (Epidural steroid injection) Interlaminar Bilateral L5-S1: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are optional for radicular pain to avoid surgery. Invasive techniques , such as local injections and

facet joint injections) are of questionable merit. Epidural steroid injections may provide short-term for patients with sensory deficits with nerve root compression due to a herniated nucleus pulposus. It does not offer long-term benefit or reduce the need for surgery. The claimant had already undergone LESI with short term-benefit. Another LESI is not medically necessary.