

Case Number:	CM14-0048475		
Date Assigned:	06/25/2014	Date of Injury:	11/26/2012
Decision Date:	07/28/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/28/2014

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 Texas. 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 injured worker is a 52 year old male who sustained an injury to his low back on 11/26/12 while lowering a scooter from a van. The records indicate that the injured worker was treated with an initial regimen of physical therapy that provided no benefit. Other treatment to date has included medications that were also not helpful. MRI of the lumbar spine dated 02/11/13 revealed a left paracentral/foraminal disc herniation with associated moderate to severe left neuroforaminal narrowing at L4-5; small amount of fluid in the facet joints bilaterally, as well as partial effacement of the left lateral recess and impression on the descending L4-5 nerve roots; L5-S1, mild bilateral facet arthropathy was seen. The injured worker has also been treated with activity modification, heat, acupuncture that provided some relief, a lumbar support, TENS unit, and chiropractic manipulation treatment. The injured worker was diagnosed with lumbar intervertebral disc displacement and degeneration, low back pain with left lower extremity radiculopathy, and lumbar facet joint syndrome/hypertrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Lumbar Epidural Steroid Injection at the Levels of L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Neurology.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). In this case, there were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. Given the clinical documentation submitted for review, request for 1 lumbar epidural steroid injection at the level of L4-5 is not medically necessary and appropriate.