

Case Number:	CM14-0052493		
Date Assigned:	07/07/2014	Date of Injury:	06/09/2011
Decision Date:	08/27/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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 Neurological Surgery 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 records, presented for review, indicate that this 52 year old male was reportedly injured on June 9, 2011. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated March 25, 2014, indicated that there were ongoing complaints of low back pain radiating to the thoracic spine. The physical examination demonstrated tenderness of the lumbar paraspinal muscles. There was a positive Kemp's test and Braggard's test on the right side. Diagnostic imaging studies revealed a disc bulge at L5 to S1. Previous treatment included lumbar epidural steroid injections in January and February 2014. A request was made for a lumbar epidural steroid injection and was not certified in the preauthorization process on April 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic Lumbar Epidural Steroid Injection at L5-S1: Upheld

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

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

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the criteria for epidural steroid injections include that a radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, previous epidural steroid injections should have provided at least 50 percent pain relief for six to eight weeks time. According to the most recent progress note dated March 25, 2014, there were no physical examination findings of a radiculopathy nor there were any potential signs of one on MRI and previous lumbar spine epidural steroid injections given four weeks apart. For these reasons, this request for therapeutic lumbar spine epidural steroid injection at L5 to S1 is not medically necessary.