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| Case Number: | CM14-0072822 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 04/06/2006 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 03/17/2014 |
| Priority: | Standard | Application Received: | 04/07/2014 |

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 48-year-old male was reportedly injured on 4/16/2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 2/14/2014, indicated that there were ongoing complaints of low back pain with pain radiating into the lower extremities. The physical examination demonstrated lumbar spine tenderness to palpation across the lower back, range of motion was nearly normal and decreased sensation on the left side of L5 distribution. No recent diagnostic studies are available for review. Previous treatment included consultation to mental health provider, previous epidural steroid injections, medication, and conservative therapy. A request was made for lumbar epidural steroid injection and was not certified in the pre-authorization process on 3/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

third lumbar epidural steroid injection: 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 : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 46.

Decision rationale: Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Current recommendations suggest a second epidural injection, if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehabilitation efforts, including continuing a home exercise program. After reviewing the medical documentation provided, there were no subjective complaints of radiculopathy in the history. There were minimal findings on physical examination, which referenced decreased sensation in the left L5 dermatome. Lacking significant objective clinical findings on physical examination, the request for a third epidural steroid injection is deemed not medically necessary.