

Case Number:	CM14-0077115		
Date Assigned:	07/18/2014	Date of Injury:	01/14/2010
Decision Date:	10/17/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/27/2014

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 Illinois. 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 41-year-old man with a date of injury on January 4, 2010. Per medical records from December 20, 2012, he had right-sided low back pain with radiation into the gluteal and thigh. It is stated he has had "several" epidural steroid injections with relief and he was given an epidural steroid injection that day. MRI scan in 2012 shows annular fissure, foraminal stenosis, and disc protrusion at L4-5. At L5-S1 there is a disc protrusion and lateral recess stenosis. Medical records from February 28, 2013 and April 4, 2013 state the man had a L4-5 epidural steroid injection and an L5-S1 epidural steroid injection. On May 3, 2013, there is a note stating 20%-30% relief, a little sore, no more constant pain. On April 24, 2014 the worker was seen by the treating physician for progressively worse 3-4/10 non-radiating back pain. Exam showed localization to L5 and it was diagnosed as mechanical back pain, likely facet, at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

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

Decision rationale: The purpose of an epidural steroid injection is to reduce pain and inflammation, restoring range of motion, and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). This injured worker has complaints of low back pain with several epidural steroid injections in the past. His visit in April 2014 finds his back pain to be non-radiating. There is no documentation of the extent of relief he has received with his multiple epidural steroid injections save for one mention of 20%-30% relief for one week. There is no documentation of conservative measure that has been tried. The number of injections he has had is unrecorded, although it is at least 3. The requested Epidural injection L4-5, L5-S1 is not considered medically necessary.