

Case Number:	CM14-0079727		
Date Assigned:	09/05/2014	Date of Injury:	12/12/2012
Decision Date:	10/22/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 41 year old male with a 12/12/12 injury date. The injury to the lower back occurred while carrying a 12 foot ladder. In a 4/14/14 follow-up, the patient complained of low back and leg pain. Objective findings included Paresthesia to the left S1 and tenderness to the SI joint bilaterally, positive lumbosacral tenderness, and reduced lumbar range of motion. Lumbar x-rays (date not specified) showed mild degenerative changes at L4-5 and L5-S1. No MRI was submitted for review. Diagnostic impression: lumbar back pain. Treatment to date: medications, physical therapy. A UR decision on 5/1/14 denied the request for lumbar epidural steroid injection at left S1 on the basis that there were no objective exam or imaging findings available that corroborated a diagnosis of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at Left S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): Page 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, the MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In the present case, although there are subjective complaints of left leg pain and documented Paresthesia in the left S1 distribution, there are no other exam or imaging findings available that corroborate this. No MRI was submitted for review or mentioned in the provided notes. On exam, there was no evidence of muscle weakness or reflex abnormality. In addition, it is unclear what the extent, duration, and effectiveness of prior physical therapy was. Therefore, the medical necessity of the proposed procedure is not established at this time. Therefore, the request for Lumbar Epidural Steroid Injection at Left S1 is not medically necessary.