

Case Number:	CM14-0081821		
Date Assigned:	07/18/2014	Date of Injury:	07/10/1996
Decision Date:	08/26/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/03/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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 injured worker is a 56 year old female with date of injury 9/8/2000, with related low back pain. According to the progress report dated 5/6/14, the injured worker reported persistent pain in the low back with radiating pain to the bilateral legs, right greater than left. Per the physical exam, she had some focal tenderness bilaterally over the L3-L4, L4-L5, and L5-S1 posterior spinous processes and paraspinous muscles. There was no evidence of neurological deficits at L2 through S1 on motor and sensory exam. The MRI of the lumbar spine dated 4/5/12 revealed focal left paracentral disc herniation of 8mm at L4-L5. There was both central and neural foraminal stenosis, left greater than right. She has been treated with injections, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, and medication management. The date of UR decision was 5/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Epidural Steroid Injection at L4-L5 and L5-S1, 1 Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used 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 benefit. According to the MTUS, the criteria are not met for the use of epidural steroid injections. The documentation submitted for review contains contradictory evidence, the latest progress report dated 5/6/14 indicates that the previous epidural steroid injection at the L4-L5 and L5-S1 levels provided significant improvement of her backache and leg pain. However, documentation following epidural steroid injections performed on 1/2012 indicates that they provided little relief and another performed in late 2011 provided only 30% relief. Furthermore, there is no documentation of the extent of pain relief or associated reduction in medication usage. Without this documentation, the criteria are not met. Therefore, Right Lumbar Epidural Steroid Injection at L4-L5 and L5-S1, 1 Injections are not medically necessary.