

Case Number:	CM14-0082184		
Date Assigned:	07/21/2014	Date of Injury:	04/10/2013
Decision Date:	09/18/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/04/2014

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 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:

There were 55 pages provided for review. The application for independent medical review was signed on June 3, 2014. The item that was denied or modified was for a second lumbar epidural steroid injection. Per the records provided, the claimant is a 49-year-old employee was pulling pallets and he twisted his low back in April 2013. There was an MRI of the lumbar spine on November 14, 2013 that noted advanced discogenic changes at L4-L5 and L5-S1 with moderate foraminal narrowing, a 3 mm bulge at L1-L2 associated with minor canal narrowing and a 2 mm protrusion at T 11-T12 again causing mild narrowing of the central canal. The patient had a diagnostic lumbar ESI at L4-L5-S1 that was authorized in January 2014. The current treatment as of May 2014 was Norco and Cymbalta and he was off work until June 15, 2014. He uses a cane for his antalgic gait and right sciatica. Regarding the outcome of the first ESI, the records attest the claimant was fine for two weeks after the first epidural steroid injection and wants another one. The benefit was just two weeks. Lumbar flexion was severely restricted in the right lower back pain extends into the buttocks. The right leg numbness is in and L5-S1 distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (ESI) #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

Decision rationale: Regarding Epidural steroid injections (ESIs), the MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI do not meet this criterion. This claimant had 2 weeks only of unspecified improvement. The request appears appropriately non-certified based on the above.