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| Case Number: | CM14-0017264 | | |
| Date Assigned: | 02/12/2014 | Date of Injury: | 05/04/2012 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 01/27/2014 |
| Priority: | Standard | Application Received: | 02/11/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 56 year old man sustained an industrial injury on 5/4/2012 wehn the worker was carryign 25-30 pounds and fell backward. Current diagnoses include cervcuial disc herniation with radiculitis/radiculopathy staus post epidural steroid injection x2 with good recovery, herniated lumbar disc with radiculitis/radiculopathy status post first lumbar spine epidural steroid injection with good relief, and tinnitus. Treatment has included oral mediations and epidural steroid injections. Physician notes dated 11/25/2013 show that the worker states his first lumbar spine epidural steroid injection gave him slight relief from pain and discomfort in his low back. There is no further detailing of this or procedure date. Physical exam shows decreased range of motion to the lumbar spine. Recommendations include a second lumbar epidural steroid injection. On 1/27/2014, Utilization Review evaluated a prescription for a second lumbar epidural steroid injection to the bilateral L4-L5 and L5-S1 that was submitted on 2/2/2014. The UR physician noted that the documentation does not support radicular symptoms that follow a specific dermatomal distribution, there are no physical findings to indicate nerve root compression, and no documentation to detail the effects of the first epidural steroid injection. The MTUS, ACOEM Guidelines, or ODG was cited. The request was denied and subsequently appealed to Independnet Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Bilateral Lumbar Epidural Steroid Injection L4-L5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposis. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant had already received one ESI for which there was only slight relief. The request, therefore, for a lumbar epidural steroid injections is not medically necessary.