

Case Number:	CM14-0188135		
Date Assigned:	11/18/2014	Date of Injury:	09/18/2013
Decision Date:	01/07/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/12/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

2/6/14 note reports the insured has back pain with radiation into the thighs. There is no pain into the legs. SLR is positive at 60 degrees and Lesague is negative. Strength is 5/5 and sensation was reported to be intact. There were no motor deficits and no abnormal reflexes. 3/17/14 note reports decreasing spasms and muscle guarding throughout. There is generalized low back pain. 10/22/14 note indicates pain in the back. The insured had L5 TFESI on 9/30/14 and noted 2 days of pain improvement. There is back pain with radiation into the left lower extremity. Examination notes no motor deficits and reflexes are 2 plus and symmetric. There is reduced sensation in the L5 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 at bilateral L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -low back, ESI

Decision rationale: The medical records report radicular pain with physical exam findings of reduced sensation in a radicular distribution. The notes report an ESI being done but does not

quantify the degree of pain improvement and notes duration of only 2 Days for any improvement. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As the records do not quantify the degree of improvement, the medical records do not support a repeat ESI.