

Case Number:	CM14-0200844		
Date Assigned:	12/11/2014	Date of Injury:	04/25/2013
Decision Date:	01/27/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice 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:

44 yr. old female claimant sustained a work injury on 4/25/13 involving the low back. She was diagnosed with lumbar radiculopathy and lumbar facet arthropathy. She had undergone acupuncture, physical therapy and use of muscle relaxants. A progress note on 10/24/14 indicated the claimant had continued low back pain. Exam findings were notable for lumbar facet tenderness, decreased sensation in the posterior leg, thigh and feet. She had received a lumbar epidural steroid injection in July 2014 which provided 70% relief. She had been on Norco and Gabapentin at the time. The physician requested a 3rd epidural steroid injection for the back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient third epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 45.

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 and invasive techniques are of questionable merit. Epidural steroid injections may

provide short-term improvement for nerve root compression due to a herniated nucleus pulposus. However, treatments do not provide any long-term functional benefit or reduce the need for surgery. The injured worker had received 2 injections previously. As such, this request is not medically necessary.