

Case Number:	CM14-0201189		
Date Assigned:	12/11/2014	Date of Injury:	03/10/2014
Decision Date:	01/27/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	12/02/2014

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 Emergency 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:

Patient with reported date of injury on 3/10/2014. Mechanism of injury is described as occurring while bending over to change a resident in bed. Patient has a diagnosis of low back pain, degenerative disc disease at L5-S1 and left L5 radiculopathy. Medical reports reviewed. Last report available until 10/30/14. Patient has low back pain. Pain is 9/10. Pain radiates to L5 dermatomal distribution. Pain is 9/10. Objective exam reveals tenderness to lumbar spine with decreased range of motion due to pain. 4/5 strength in L ankle dorsiflexors and left EHL. Decreased sensation to L dorsum and 1st dorsal web space of L lower foot. Patient had prior epidural injection on 7/24/14 and experience nausea, flushing, malaise and headache 1 day after procedure. Patient had reported minimal improvement after procedure. Pain specialist notes on 10/16/14 that patient had significant side effect from prior ESI and did not recommend any additional procedures. Orthopedist request another ESI. Only rationale documented is for patient to see another pain specialist for another injection for "treatment and diagnostic purposes". MRI of lumbar spine on 3/12/14 revealed small central disc bulge indenting thecal sac at L5-S1. Medications include Norco and flexeril. Patient has reportedly undergone physical therapy, chiropractic and acupuncture. Independent Medical Review is for Lumbar epidural steroid injection at L5-S1. Prior UR on 11/7/14 recommended non-certification.

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 L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural Steroid Injections Section

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

Decision rationale: As per MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. Patient fails several criteria especially documentation of improvement. There is no documented improvement with prior injection and there were significant side effects after procedure. The requesting provider did not provide any rationale as to why the prior side effects of treatment are being ignored. The goal of repeat ESI does not meet criteria. Therefore, the request for repeat lumbar epidural steroid injection is not medically necessary.