

Case Number:	CM14-0204695		
Date Assigned:	12/17/2014	Date of Injury:	02/25/2013
Decision Date:	02/04/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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:

Patient is a 50 year-old female with date of injury 02/25/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/03/2014, lists subjective complaints as pain in the low back. Patient had an epidural injection on 01/14/2014, but claimed in a 05/19/2014 PR-2 that there was no improvement and the pain frequency was the same as before. MRI of the lumbar spine dated 11/26/2013 was notable for disc changes with retrolisthesis at L4-5 and a 3-4mm disc bulge indenting the thecal sac. Objective findings: Examination of the lumbar spine revealed limited range of motion with pain on the left side. Straight leg raising test was positive bilaterally with the left side going down from the back of the knee to the ankle region in the posterolateral aspect of the lower leg and ankle. No diagnosis was provided by the requesting physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Foraminal epidural steroid injection at L5-S1: Upheld

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

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

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The patient reported no improvement in his pain level with his previous lumbar epidural steroid injection. Foraminal epidural steroid injection at L5-S1 is not medically necessary.