MAXIMUS Federal Services

Case Number:	CM14-0075033		
Date Assigned:	07/16/2014	Date of Injury:	09/26/2013
Decision Date:	02/04/2015	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/22/2014

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 Internal Medicine, has a subspecialty in Geriatrics and is licensed to practice in New York. 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:

The injured worker is a 46 year old man with a date of injury of 9/26/13. He was seen by his provider on 4/22/14 with complaints of middle and low back pain. His prior treatments include acupuncture and his medications included cyclobenzaprine, menthoderm gel, naproxen, norco, pantoprazole and senna. His exam showed he was ambulatory without an assistive device. His lumbar range of motion was limited to 40 degrees flexion and 10 degrees extension. He was tender to palpation on the left paravertebral muscles with a bilateral positive straight leg raise. His motor exam showed 5/5 sstrength and normal sensation. The diagnoses were thoracic or lumbosacral neuritis or radiculitis and lumbar or lumbosacral disc degeneration. At issue in this review is the request for bilateral epidural steroid injections L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral epidural steroid injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: Epidural spine injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Though the physical exam does suggest radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, NSAIDS and muscle relaxants. He is currently receiving acupuncture. The records do not substantiate the medical necessity of bilateral epidural steroid injections L5-S1.