

Case Number:	CM15-0027993		
Date Assigned:	02/20/2015	Date of Injury:	07/30/1993
Decision Date:	03/30/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 was a 70 year old male, who sustained an industrial injury, July 30, 1993. According to progress note of December 18, 2014, the injured workers chief complaint was increased back pain radiating from the lower back down both legs. The injured worker rated the pain at a 10 without pain medication; 0 being no pain and 10 being the worse pain. The injured worker was having poor sleep quality with decreased quality of life due to the pain. The physical exam revealed restricted range of motion with flexion was 65 degrees and extension was 15 degrees. On palpation of the paravertebral muscles noted spasms, tenderness and tight muscle band was noted on both sides. Spinous tenderness noted on L3, L4 and L5. The injured worker was negative for straight leg raises. The injured worker had tenderness at the sacroiliac spine on the left. The injured worker was diagnosed with low back pain with radicular symptoms. The injured worker previously received the following treatments Ibuprofen, Tylenol, physical therapy, home exercise program and low back surgery. Medical records mention a possible prior SI joint injection. No prior epidural is documented. On December 18, 2014, the primary treating physician requested authorization for one lumbar epidural steroid injection under fluoroscopic guidance. On January 21, 2015, the Utilization Review denied authorization for one lumbar epidural steroid injection under fluoroscopic guidance. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar epidural steroid injection at L5-S1 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: Due to the uncertain benefits from epidural injections, Guidelines have very specific criteria to justify such an injection. The MTUS Guidelines state that there needs to be a clear clinical radiculopathy (not radiculitis) that corresponds with testing results (MRI or electrodiagnostics). These standards have not been met. The clinical exam documents the lack of a radiculopathy and there are no test results documented that support an active radiculopathy. ODG Guidelines also point out that in the elderly epidural injections greatly increase the risk of spinal fractures and suggest that they be avoided whenever possible. The request for the lumbar epidural at L 5-S1 under fluroscopic guidance is not supported by Guidelines and is not medically necessary.