

Case Number:	CM14-0126112		
Date Assigned:	09/26/2014	Date of Injury:	06/03/2014
Decision Date:	10/27/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/07/2014

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:

The injured worker is a 53 year-old female who sustained an injury on June 3, 2014. She is diagnosed with (a) low back/buttocks contusion; (b) right/left buttocks and coccyx pain; (c) low back pain; (d) 3.5 mm right paracentral disc bulge L3-4; (e) 4 mm right paracentral herniated disc L4-5; and (f) sacrum (fifth segment) fracture, nondisplaced, closed. She was seen on August 12, 2014 for an evaluation. She reported pain in the low back, sacrum, and right lower extremity pain especially with walking. A magnetic resonance imaging (MRI) scan of the lumbar spine dated July 11, 2014 was reviewed. Findings revealed degenerative changes with small disc bulges at L4-5 and L5-S1. There was compromise of the neural foramen at L4-5 and L5-S1. An examination of the lumbar spine revealed tenderness over the sacrum from S1 to S4 and over the right and left buttocks with spasms. Range of motion was limited with minimal discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at L4-L5: Upheld

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

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

Decision rationale: The request for an epidural steroid injection at L4-5 is not considered medically necessary at this time. There was no indication in the reviewed medical records that the injured worker was unresponsive to conservative treatments, which included but not limited to exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDS), and muscle relaxants, to warrant the need for epidural steroid injections. Guidelines require this as part of the criteria for the use of epidural steroid injections. The request for an epidural steroid injection at L4-5 is not considered medically necessary.