

Case Number:	CM14-0145886		
Date Assigned:	09/30/2014	Date of Injury:	11/07/2013
Decision Date:	12/26/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/08/2014

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 Family Practice, 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:

54 yr. old male claimant sustained a work injury on 11/7/13 involving the ribs and low back. He was diagnosed with lumbar radiculopathy and paraspinal spasms. An MRI in January 2014 showed multi-level disc disease, foraminal narrowing, and facet arthropathy. The claimant had received lumbar epidural steroid injections (LESI) on 3/17/14, medial branch blocks in May 2014 and lumbar radiofrequency ablation in June 2014. A progress note on 8/13/14 indicated the claimant had 4-8/10 pain. He had been on NSAIDs and Gabapentin. Examination was notable for decreased range of motion of the lumbar spine, decreased sensation in the feet and inability to walk on heels and toes. The physician requested medial branch blacks. A request for authorization was noted on 8/25/14 for lumbar epidural injections and transforaminal injections as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, Epidural Steroid Injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposus. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant received numerous injections and had persistent pain and consistent clinical findings. The request therefore for a Lumbar Epidural Injection is not medically necessary.

1 Transforaminal Lumbar Epidural Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, Epidural Steroid Injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposus. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant received numerous injections and had persistent pain and consistent clinical findings. The request therefore for a Transforaminal Lumbar Epidural Injection is not medically necessary.