

Case Number:	CM14-0162534		
Date Assigned:	10/09/2014	Date of Injury:	01/27/2014
Decision Date:	11/04/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/03/2014

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 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 claimant is a 48-year-old injured worker with a date of injury of 1/27/14. He was seen by his provider on 6/16/14 with complaints of lower back pain and right lower extremity numbness. A lumbar spine MRI showed congenital canal stenosis due to short pedicles which carries through to L3-4 and L5-S1 broad based central disc protrusion. He received one session of physical therapy in the past but did not tolerate due to pain. His exam showed limited range of motion of the lumbar spine with flexion to 30 degrees, extension to 15, lateral right and left flexion 20/25 degrees and tenderness over the right L3-S1 paraspinals, right sacroiliac joint and right piriformis. He had a positive straight leg raise and Gaensien's sign. He ambulated with a mild right foot drop and antalgic gait. He had intact sensation except for diminished sensation in the right L3-S1 dermatomes. His diagnoses were lumbar degenerative disc disease with spinal stenosis and radiculopathy, right sciatic and sacroilitis. At issue in this review is the request for a lumbar epidural steroid injection at right L3-4, L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at the right L3-4, L4-5, and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. 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. There is little information on improved function. 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 he has failed conservative treatment with exercises, physical methods, NSAIDs and muscle relaxants. He is being concurrently referred for physical therapy and had only one session in the past. The epidural injection (in question here) is not medically substantiated.