

Case Number:	CM14-0168353		
Date Assigned:	11/12/2014	Date of Injury:	09/28/2010
Decision Date:	12/15/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/13/2014

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:

58 yr. old female claimant sustained a work injury on 4/19/10 involving the low back and right shoulder. She was diagnosed with an L4-L5 annular tear, L5-S1 disc collapse, facet arthropathy, lumbar radiculopathy and right shoulder impingement. She had undergone physical therapy, medial branch blocks and radiofrequency ablation. A progress note on 9/3/14 indicated the claimant had persistent back pain. She had been on Norco. Exam findings were notable for a positive straight leg raise test on the right. There was tenderness in the paraspinal region. The treating physician requested she undergo epidural steroid injections of L5-S1 to reduce pain and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection (L5-S1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESI) Page(s): 46.

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. The claimant did not have a herniated nucleus pulposus. The request for a lumbar epidural injection is not medically necessary.